

TOWARDS GREATER FAMILY POLICY INTEGRATION ACROSS EUROPE



REPORT OF THE
EUROPEAN OBSERVATORY
ON FAMILY POLICY

Acknowledgements

This report was prepared with the members of the Steering group of the European Observatory on Family Policy, an observatory launched in 2022. Steering group members include Annemie Drieskens (President of COFACE and Steering Group chair), Kathleen Emmery (Coordinator of ODISEE Centre for Family Studies), Elizabeth Gosme (Director of COFACE), Sven Iversen, (Vice-president of COFACE), Tanja Nuelant (Director of ODISEE), Jos Sterckx, Senior Researcher at ODISEE.

Thanks must go to the COFACE Administrative Council and COFACE secretariat who also provided invaluable feedback in the methodological phase.

Finally, thanks especially go to the experts across the five case study countries who helped in the data collection phase of this report, providing their insights into family policy developments in their respective countries. Although the participants' identities remain anonymous, we recognise their valuable contributions in constructing the contextual framework for the country analyses.

TOWARDS GREATER FAMILY POLICY INTEGRATION ACROSS EUROPE

Overcoming sectoral fragmentation in
supporting families with young children

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October 2023

Foreword

The European Observatory on Family Policy is a joint research programme launched in 2022 by COFACE Families Europe and the Centre for Family Studies of ODISEE University of Applied Sciences. It aims to serve as a platform for the observation, analysis, and dissemination of evidence on family policy and other social concerns directly relevant to family well-being across the European Union.

COFACE Families Europe offers the programme its extensive knowledge on EU policies and the realities of families across Europe, while the Centre for Family Studies provides its expertise on practice-based research from the perspective of families and its research networks in Belgium and internationally. The partnership is conceived to bring together the respective strengths and expertise on family policy and family life to better meet its monitoring and analytical goals.

The starting point for the Observatory are key values of human rights, gender equality, social inclusion, diversity, empowerment, and intergenerational solidarity, with a stated ambition of promoting policies which support all types of families, without discrimination. The key principles underpinning the Observatory's activity are public interest, impartiality, and quality of content.

The Observatory sets out to address three broad objectives: to identify emerging trends and priorities in family policy across EU Member states, while monitoring progress on family-related targets; to develop innovative frameworks for interpreting the evidence collected; to broker knowledge at the EU and member states level, providing a bridge between academics, decision makers, advocacy coalitions, and grassroots family organisations.

Through its activity, the Observatory aims to document and highlight the impact of public policy initiatives on families, intended both as a set of individual members and as a collective entity. It brings together different perspectives on family resources and needs from a range of public policy, research, and advocacy contexts. It strives to integrate these viewpoints into a unified theoretical framework, and to design suitable recommendations for policymaking at EU, national, and local levels.

As members of the Steering Group of the Observatory, we have convened regularly over the last year to outline the strategic direction for the partnership, to determine the focus of the research based on the needs of families of today and bringing a clear “families” lens to early years policies.

This first project of the Observatory focuses on family needs in the early years of children lives and policy tools (European and national) that may assist in addressing these challenges, with a focus on 5 country case studies representing geographical balance and a mix of welfare systems: Belgium, Finland, Germany, Italy, and Poland. We hope it will contribute to filling gaps in knowledge, that many of you readers will be able to use this in your policy-shaping discussions, and that it will contribute to further consolidating the extensive network of experts on family policy in Europe and beyond.

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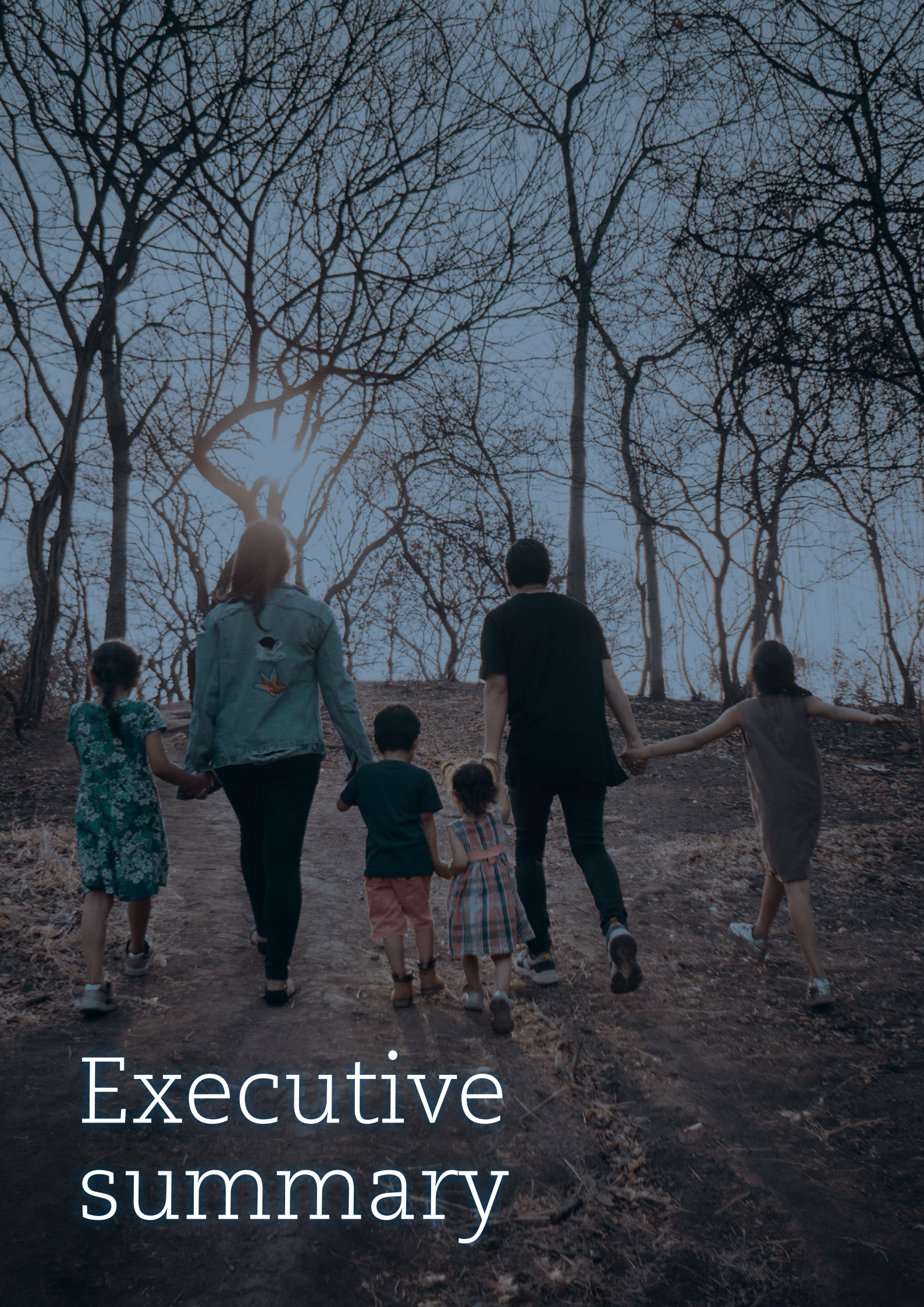
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Executive summary

The realm of family policy is a complicated and diverse field that includes a broad range of services, measures, and initiatives designed to assist families and enhance their welfare. The purpose of this document is to offer a comparative overview of this sphere in five European Union (EU) countries. The report places particular emphasis on the alignment and coordination of policies for families with young kids, as well as the particularities of cooperation between education, care, and health provisions.

There are many indications that suggest the increased importance of these policies at present. After the introduction of the European Pillar of Social Rights in 2017, there has been a surge of activity in the wider family sector within the context of the EU. The Pillar has served as a driving force in fortifying parental leave laws at the national level, combating child deprivation, elevating goals for early childhood education and care (ECEC) participation, and establishing national guidelines for long-term care and disability rights.

Prior to mandatory education, families with young children encounter a diverse range of requirements, distinct to each family's makeup. These needs are frequently interconnected to individual situations and cut across diverse agencies and sectors of the public administration. They cannot be easily categorised as purely educational, medical, or caregiving. As a result, addressing these needs efficiently calls for cooperation between multiple services, practitioners, and areas of expertise. This collaboration cannot be a one-time event, but an ongoing strategy based on constant cooperation among diverse resources over an extended duration.

The purpose of this report is to explore three typical situations in which families with young children face complex requirements: juggling childcare, household responsibilities, and re-entering the workforce after childbirth; navigating early childhood education and development through diverse formal services; and securing access to assistance and advice during and after the perinatal period. To accomplish this goal, the report thoroughly examines five case studies from different countries: Finland, Germany, Italy, Poland, and the Belgian region of Flanders.

Examples from these countries provide valuable perspectives on the approaches to dealing with the complex, overlapping requirements of households with young kids. Services that fall under 'related' but distinct family policy areas can either collaborate effectively or operate separately, as demonstrated by these examples. Keeping in line with its primary goal of accommodating the diverse needs of families with young children, this report employs a 'family-perspective' approach, highlighting the importance of service delivery systems being able to successfully mobilise and coordinate resources and professionals from various fields to be truly effective.

The report highlights the interconnections between policies that provide support to families following the birth of a child. It stresses the importance of considering the interplay between the age threshold at which children are entitled to an ECEC place and the length of well-paid parental leave. The five European countries analysed reveal substantial variation in the implementation of these two policies. This can be attributed to varying aims and strategies in addressing the educational needs of infants and the work-life equilibrium of their parents. Some nations prioritise parental care within the household and offer incentives to encourage extended periods of child-rearing. Conversely, others prioritise gender equality in the workforce by promptly establishing an institutional framework for formal childcare. Regardless of the specific focus, it seems crucial that consistency and coherence is maintained between these family policy areas. To address the challenge of a gap in childcare between the end of parental leave and the beginning of legal entitlement to ECEC, numerous countries have introduced family allowances or policy schemes promoting flexible and gradual return to work. The efficacy of these programs, ranging from universal to means-tested models across different jurisdictions, requires careful consideration when discussing the gap in childcare.

ECEC systems also vary greatly in their organisational structure across countries, depending on whether this is split or integrated, something that plays a crucial role in their ability to meet the needs of families. This can be seen in differences at the level of accessibility, as well as in the coherence and comprehensiveness

of their educational and pedagogical content. Integrated systems, which have no division between day-care and preschool segments, tend to be managed by the same sector of the public administration, such as education or social affairs. Conversely, services in split systems are often overseen by different administrative agencies. These distinctions are often reflected in the operative logics of these services: whereas split systems usually display a deep conceptual divide of “care-oriented” provision for younger children, and a more “educational” offer for the older group, unitary settings tend to adopt a more holistic approach. In terms of accessibility the presence of a central public administration responsible for the entire ECEC cycle in integrated systems increases the probability of early statutory entitlements. Within split arrangements, the timing of a legal entitlement typically coincides with registration in kindergarten, whereas provisions for children aged 0-3 rely on a residual structure lacking assured accessibility.

In recent years, there has also been an increase in the recognition of the importance of multidisciplinary support for families during the perinatal period. As discussions about specific service models - such as family centres - emerge, there is a need for a redefinition of the policy landscape surrounding perinatal family care. This report defines this landscape as a convergence of both health and social care, bringing together various complimentary services to promote the well-being of families during this critical stage through collaboration and dialogue. Upon introducing the broad framework within which perinatal services are administered in the countries examined, the report centres on the development of national approaches to coordinated provision of these resources - varying in terms of spread, geographical consistency and intended recipients. The presence of such integrated delivery models significantly impacts the development of the perinatal policy domain and particularly the journey of families in manoeuvring through it. A closely integrated policy domain where harmony and cooperation between the health and social care systems is the norm, and where families can access most, if not all, necessary services through a tailored approach - results in a vastly different encounter compared to a fragmented space characterised

by inadequate cooperation and lack of cross-sectoral communication.

Ensuring cross-sectoral integration in family policy is critical for establishing cohesive, comprehensive support systems that effectively address the diverse needs of families during significant life stages following childbirth. Policymakers should prioritise cross-sectoral integration, especially in areas such as work-life balance, early childhood education and care, and perinatal guidance. Overcoming fragmentation and fostering collaborative efforts among sectors can create a more cohesive support system for families, promoting their well-being while also benefiting society as a whole.

Achieving cross-sectoral collaboration in family policy is essential for creating cohesive and comprehensive support systems that meet the cross-cutting needs of families during significant life phases after giving birth. Policymakers must prioritize integration across sectors, particularly in domains such as work-life balance, early childhood education and care, and perinatal guidance support. This report presents nine crucial actions required to drive substantial improvements towards more cohesive integration of family policies in these areas.

Three key actions related to the objective of addressing the balance between care, family life, and return to employment after having a child are:

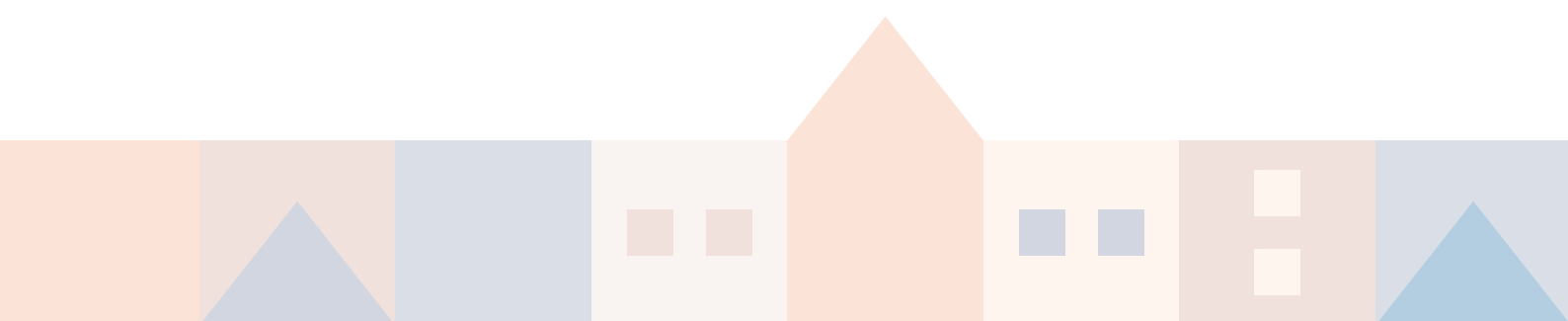
- Ensuring that entitlement to ECEC services aligns seamlessly with adequately paid parental leave periods to eliminate childcare gaps and provide affordable, accessible childcare coverage.
- Employing a variety of approaches and resources, such as leave options, home care allowances, family benefits, and customized preschooling services, including transition classes attached to preschools and smaller, home-based programs, is crucial in order to close the childcare gap effectively.
- Addressing the childcare gap requires a comprehensive and inclusive approach that prioritizes resource mobilisation, diverse models, financial compensation, and local affordability.

The three fundamental actions towards tackling fragmentation between formal early childhood education and care services are:

- Ensuring ECEC systems prioritise educational continuity, and professional alignment to offer holistic support for families, children, and communities.
- Establishing ECEC systems based on the needs of children and their parents, ensuring consistency and responsiveness to meet the diverse needs of families throughout all stages, in order to be seen as relevant and desirable.
- Enhancing educational continuity and accessibility within ECEC systems, requires a holistic, family-centered approach and diverse strategies tailored to each country's ECEC landscape.

Finally, in relation to the overarching objective of creating a specific policy space to address the need for guidance, parenting support, health and social care information during the perinatal period, the primary actions are:

- Improving coordination between health and social care systems is essential for enhancing perinatal care for families and infants.
- Designing a unified and well-integrated approach to support services for families during the perinatal phase is essential for enhancing accessibility and effectiveness.
- Balancing national expansion with tailored approaches is crucial for effective and impactful family centre and service network investments.





1.

Introduction

Family policy is a complex and multifaceted domain that encompasses a wide spectrum of programmes and services aimed at supporting families and promoting their well-being. This report aims to provide a comparative description of the state of this field in five countries of the European Union (EU). The report focuses especially on processes of alignment and integration between policy areas catering to families with young children, as well as on the specifics of coordination between education, care, and health services. Today, many signs point to the heightened significance of these policies.¹ Within the framework of the EU, following the unveiling of the European Pillar of Social Rights in 2017, activity in the broader family domain has increased rapidly. The Pillar has been a catalyst for strengthening national parental leave legislation, tackling child poverty, raising targets for participation in early childhood education and care (ECEC), and developing national frameworks in the areas of long-term care and disability rights.

The rise of family policy on the EU agenda² has been the result of various intertwined components. Persisting patterns of social exclusion and economic vulnerability, exacerbated by the challenge of reconciling employment and parenthood, has contributed to the endurance of child and family poverty on the continent. Despite being one of the wealthiest regions globally, more than one in five Europeans living in families with underage children find themselves at risk of poverty.³ In total, over 19.6 million children, or one in four, are at risk of social exclusion.⁴ In recent years, geopolitical events like the ongoing war in Ukraine⁵, coupled with the disruptions caused by the COVID-19 pandemic, have further amplified existing risks.⁶ Faced with these trends, there is an increasing requirement for family-centred programmes to offset the impact of economic insecurity, including child benefits and financial assistance for low-income families, and universal provision of high-quality childcare and long-term care services.⁷

Equal access to employment has emerged as another critical dimension behind the renewed public interest in families. The push for gender equality in the labour market has prompted discussions on measures to promote work-life balance for employed women,

such as care-related employment leave and childcare policies, as well as to encourage men to undertake a greater share of care and domestic work. Despite progress in this area, the gendered division of care persists, with women still predominantly shouldering care responsibilities.⁸ During 2021, in the EU, 77% of women without children in the 25-54 age group were part of the workforce, contrasting with mothers who had an employment rate 5 percentage points lower. Among men, the relationship is reversed, as those without children had an employment rate of 81%, whereas those with children had a higher rate of 90%. The difference in employment between genders was 4 percentage points for individuals without children and 18 points for those with children.⁹

In the present situation, data reveals that availability of daycare services, together with fathers taking up parental leave, has a substantial effect on the rate of women employment (despite evidence being less conclusive with respect to its impact on the gap in earnings).¹⁰

ECEC policies have also gained public attention at EU level in recent decades - due to a growing understanding of their impact on children's early development. Participation in high-quality ECEC services has been shown to foster children's development and is increasingly regarded as an important resource in the hands of public authorities to mitigate the long-term effects of early disadvantage. Policies designed for improving ECEC quality may address multiple aspects of provision, including accessibility, the development of adequate facilities, and the recruitment of a qualified workforce.¹¹ In 2020, nearly 58% of EU children under compulsory school age participated in some type of formal ECEC. Enrolment levels are significantly higher (above 92%) for those aged three or more.¹² Whereas progress has been made during the last decades towards increasing participation, ECEC services across the EU remain characterised by great heterogeneity, in terms of availability, cost, and quality.

New family policy trends have also been driven by demographic changes, notably lower fertility rates and increasing longevity. Promoting natality and developing new models of long-term care have come to be regarded across the EU as strategic

targets to mitigate risks associated with population ageing, crucial among which are the financial implications of a shrinking labour force and the intensification of caring responsibilities towards ageing adults with care needs.¹³ Whereas the EU population rose from about 350 million in 1960 to nearly 450 million in 2023, the growth rate has decreased in the last two decades,¹⁴ and Eurostat has predicted a drastic drop by as much as 18% in the working-age population (20-64) throughout the next 50 years.¹⁵ Over the same period, the old-age dependency ratio (people aged beyond 65 relative the working age population) is expected to increase significantly in the EU, from three working-age adults for every person above 65, to less than two working age people.¹⁶ Family policy is by no means the only arena undergoing substantial changes in response to these transformations. Nonetheless, development of childcare and long-term care services, in tandem with family financial assistance plans, are increasingly perceived as a promising route to counterbalance the most severe repercussions of these demographic changes. Population trends are already having a visible impact on family dynamics, transforming the household balance between needs and resources on which the organisation of caring tasks has been traditionally premised. These changes interact with shifts in women's employment patterns and greater consideration for early childhood and long-term care, as well as with evolving family models and living arrangements. Alternative family forms, such as registered partnerships and same-sex unions, have reshaped traditional notions of family. Partnership recognition has recently returned on an upward trend in many EU countries, after an impasse of several years.¹⁷ With declining marriage rates and increasing proportion of children born to unmarried couples, family policy must adapt to cater to these diverse structures. The EU marriage rate has dropped from 8.0 to 3.9 and the divorce rate has nearly doubled (0.8 to 1.7) since the 1960s, though these trends have slowed more recently. Nearly 42% of children are born to unmarried couples today, double the rate of 1990 (17.7%).¹⁸ Furthermore, vulnerable family arrangements, including single-parent households and those caring for the increased number of dependent elderly, require targeted support to prevent falling into a cycle of poverty. The percentage of single-parent households fluctuates significantly across the EU. In 2021, Sweden (34%), Denmark (29%),

Estonia (28%), Latvia and Lithuania (both 25%), and France (21%) had more than one out of five families with young people that were led by a single adult. Croatia (5%), Romania (7%), and Finland (8%) had the least amount, while Greece, Slovakia, Malta, Poland, Spain, and Slovakia all registered 9%.¹⁹

Transformations in family dynamics have also been driven by changing parenting styles and gender roles. On the one hand, in several EU countries a shift towards child-centered parenting and increasing expectations on parents' roles underscores the need for policies that support parenting education and work-life balance for men as well as for women.²⁰ On the other hand, unpaid care work continues to limit women's access to paid labour, with nearly one-third citing caregiving responsibilities as the primary reason for not working.²¹ In 2016, nearly eight European women out of ten reported doing at least one hour of housework per day, while among men the figure was less than four in ten. Disparities in housework responsibilities between Member States are growing, particularly in Nordic countries versus others which have experienced minimal improvement or backsliding.²² In this regard, recognising the transformation of gender roles is essential in developing family policies that support equal sharing of care responsibilities.

This complex range of issues and conditions illustrates the contextual dynamism of the family policy domain, that European governments in recent years have seemed determined to engage. At the national level, this shift in public attention towards the condition of families and young children has resulted in multiple policy discourses and demands, with meaningful common trends – and significant differences. At the EU level, however, it was the adoption of the European Pillar of Social Rights in 2017 that served as a catalyst for increased attention to the family domain, including a push for improved common European standards.

EU activity in family policy since the introduction of the European Pillar of Social Rights

One key preliminary point needs emphasis. The EU is in a complex position with respect to the family domain. From a juridical perspective, family law matters remain a competence of EU countries, as every Member State has its own rules about - for instance - divorces, separations, and decisions on paternity, adoptions, and guardianships. The picture is less straightforward with respect to the broader, less tangible field of family policy, encompassing a vast array of measures and programmes affecting 'the family'. However, the pressing need for progress in areas such as gender equality, parental leave, and formal childcare need has warranted an increased exchange of good practices and joint initiatives - including legislative measures at the EU level. It should be further noted that several other policies implemented at the EU level are not neutral - that is, have implications for households and children, either positive or negative, even if they do not form part of the package of programmes generally included in family policy.

The 2017 European Pillar of Social Rights represented an effort to strengthen the social dimension of the EU, ensuring equal opportunities, access to labour market, and adequate social protection to all its citizens. Like other European charters, the Pillar is built around a set of 20 fundamental principles and rights, essential for '*fair and well-functioning labour markets and welfare systems in 21st century Europe*'.²³ Whereas several of the principles included in the Pillar concern, directly or indirectly, the material conditions of European households, two in particular are of overriding importance for families with young children.

Principle 9, on 'Work-Life Balance', states that:

Parents and people with caring responsibilities have the right to suitable leave, flexible working arrangements and access to care services. Women and men shall have equal access to special leaves of absence in order to fulfil their caring responsibilities and be encouraged to use them in a balanced way.

Principle 11, titled 'Childcare and support to children', maintains that:

Children have the right to affordable early childhood education and care of good quality [and] to protection from poverty. Children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities.²⁴

As mentioned, the years since 2017 have been a time of renewed EU attention towards families, in which a range of both 'hard' and 'soft' initiatives have emerged. Whereas debates around key topics of concern for European households had in most cases already been taking place for years, the Pillar has created a new framework and momentum for the discussions. It has acted as a point of entry for the application of these policies, furnishing the drive and guidance to ensure they are a significant milestone within the project for a Social Europe.²⁵

TABLE 1. Main EU initiatives in the field of family policy, since the launch of the Pillar of Social Rights

YEAR	TITLE	TYPE	POLICY AREA
2022	Equality package: Regulation aimed at harmonising at EU level the rules of private international law relating to parenthood.	EC Proposal for a Council regulation	Parenthood recognition, children's rights
2022	Recommendation on access to affordable high-quality long-term care (European Care Strategy)	Council recommendation	Long-term care and disability. Major work-life balance and gender equality implications
2022	Recommendation on early childhood education and care: Barcelona targets for 2030 (European Care Strategy)	Council recommendation	ECEC, gender equality
2022	Better internet for kids Plus	EU strategy	Safer internet, vulnerable consumers online
2021	European Social Fund Plus — ESF+ (2021-2027)	Regulation	Funding for Child Guarantee, ECEC, family and community-based services, disability rights
2021	Communication on tackling rising energy prices: a toolbox for action and support	EC Communication	Energy policy, energy poverty, consumer protection
2021	Digital Education Action Plan	EU Policy Initiative	Digital skills
2021	Recommendation establishing a Child Guarantee	Council recommendation	Child poverty (covering also single parents and wider enabling frameworks including family diversity initiatives in some NAPs)
2021	EU Strategy on the Rights of the Child	EU Strategy	Child rights, support to families at risk of poverty, child rights in the digital environment
2021	EU Strategy on the Rights of persons with Disabilities 2021-2030	EC Strategy	Disability Rights, children covered to some extent, family carers and independent living
2021	Green Paper on Ageing	EC Green Paper	Long-term care
2020	Recommendation on Energy Poverty	EC recommendation	Access to essential energy services, anti-poverty
2020	EU Anti-Racism Action Plan 2020-2025	EU strategy	Equal opportunities
2020	EU Gender Equality Strategy 2020-2025	EU strategy	Equal opportunities, gender equality, work-life balance, stereotypes in childhood
2019	Recommendation on High-Quality Early Childhood Education and Care Systems	Council recommendation	ECEC
2019	Directive on Work-life balance for parents and carers	EU directive	Work-life Balance, covering also ECEC, tackling poverty and gender equality
2018	EU Social Scoreboard of indicators	Monitoring framework	ECEC, work-life balance, employment, poverty
2017	European Pillar of Social Rights	EU policy framework	Work-life balance, ECEC, long-term care, gender equality, access to essential services

Source: Own research based on EUR-Lex

As the table shows, recent EU initiatives in the family domain are diverse in scope and nature; they have ranged from improving access to family leave and flexible work-life balance arrangements for parents and carers, to fostering the expansion of high-quality ECEC and supporting Member States to ensure access to adequate long-term care. The 2019 Directive on Work-Life balance was a landmark legislation that introduced an EU-wide entitlement to (i) a minimum of ten working days of paternity leave after the birth of a child compensated at least at sick pay level, and (ii) a period of at least four months of parental leave, two of which paid and non-transferable.²⁶ The legislation provides a further set of minimum standards for all EU Member States. Specifically, all workers providing personal care to a relative, or another person living in the same household, are entitled to at least five working days of carers' leave per year. The European Care Strategy, launched by the Commission in 2022, broadly aims to foster the well-being of families and carers by ensuring access to affordable and high-quality services, promoting participation in formal childcare, and guiding Member States in the development of national frameworks for long-term care.

To achieve the objectives set out by the European Pillar of Social Rights, in 2021 the EU introduced the European Child Guarantee, a Council Recommendation setting out a range of essential goods, activities, and services that all children living in the EU should be entitled to access and use. The Guarantee called for Member States to create a national action plan to implement the Recommendation, including specific categories of children in need to be reached, quantitative and qualitative targets to be achieved, measures to address child social exclusion and a national framework for data collection, monitoring and evaluation.²⁷ The EU committed to providing financial support for the implementation of the Child Guarantee through some of its main funding instruments, including the European Social Fund Plus (ESF+) introduced in 2021 as part of the Union's 7-year multiannual financial framework. Notably, Member States with a level of child poverty above the EU average (23.4% - AROPE 2017-2019) are compelled to allocate 5% of ESF+ resources to tackle child poverty. This underscores the commitment of the ESF+

to addressing social inequality and improving the lives of the most vulnerable in society.

In parallel to these initiatives, the 2021 four-pillared EU Strategy on the Rights of the Child aims to promote the rights of children across the EU, protect them from violence, ensure they benefit from equal opportunities, and support their participation in matters that affect them. Broader aims are that of fostering implementation of the UN Convention on the Rights of the Child and mainstreaming children's rights in EU legislation. The second pillar, centered on socio-economic inclusion, has perhaps the largest significance for parents and caregivers, with its specific references to supports for families such as ECEC.²⁸ In 2019, the EU also sought to extend its commitment to promote gender equality and combat gender-based discrimination, launching the Gender Equality Strategy 2020-2025. Initiatives under the framework are envisaged around three pillars: creating an economy that works for everyone; ensuring equal participation and opportunities in political and public life; and eliminating gender stereotypes and biases. Several measures have been proposed under the Strategy since its launch, including the EU Pay Transparency Directive,²⁹ the EU Action Plan on Gender Equality and Women's Empowerment in External Relations 2020-2025 (GAP III),³⁰ and the 2022 Proposal for a directive on combating violence against women and domestic violence.³¹

In 2019, the Recommendation on High-Quality Early Childhood Education and Care Systems outlined a set of guidelines on ECEC service quality. The legislation represented one of the first official EU documents in nearly 20 years to focus specifically on fostering qualitative changes in ECEC provision, setting forth a multidimensional approach to the notion, including the availability of formal childcare, the adequacy of facilities, the training ECEC staff and, crucially, the development of cooperation processes between formal early education and care centers, the social and health services, and promoting integration of the ECEC sector in the larger education continuum.³²

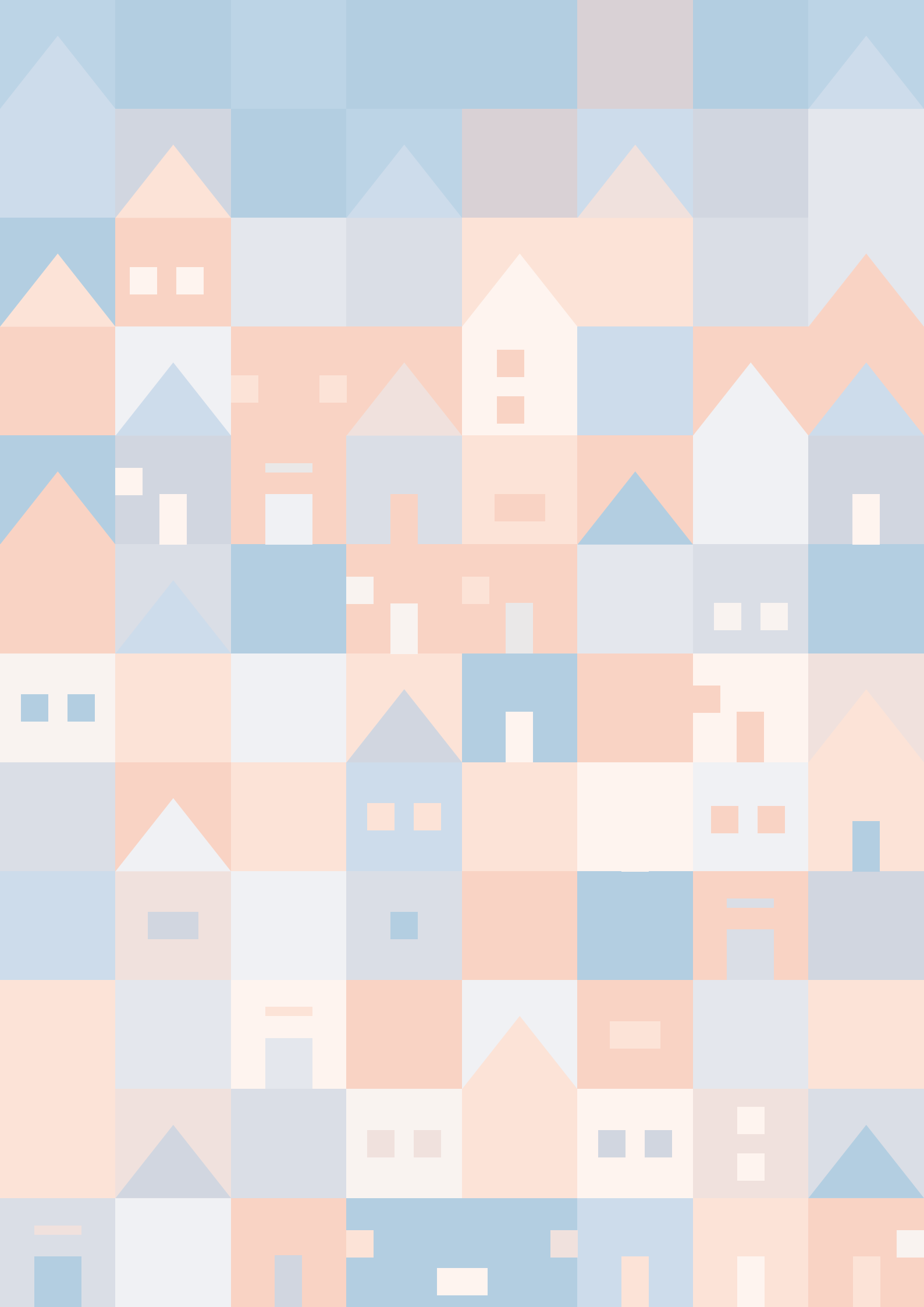
With respect to the higher extreme of the age range, the Green Paper on Ageing issued in January 2021 highlighted the challenges of an

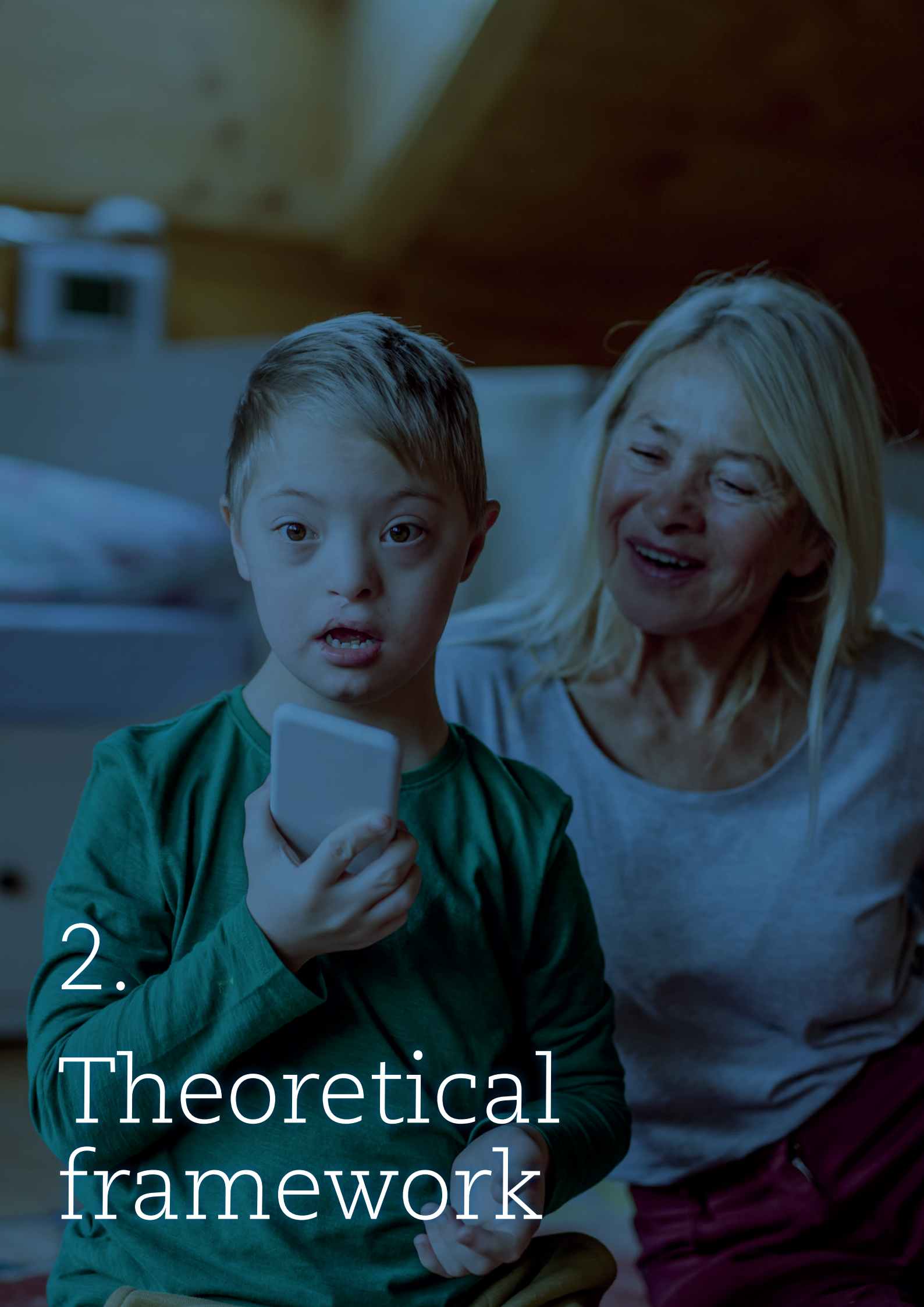
ageing population, including health and long-term care, social inclusion, employment and social protection, and intergenerational solidarity. It emphasises the need to promote healthy and active ageing and support older people to remain engaged in society and the economy. While subscribing to a life-course approach, the publication drew attention to how inequalities accumulated during life have stronger impact in older age, while also acknowledging the gender dimension of demographic ageing (and the increasing burden on carers and namely women) and the intersectionality between old age and disability.³³ Meanwhile, in March of the same year, the Commission introduced the EU Strategy for the Rights of Persons with Disabilities 2021-2030, a ten-year framework aiming to improve the lives of persons with disabilities in the EU by removing barriers to their full and effective participation in society. This Strategy includes commitments to implementing the UN Convention on the Rights of Persons with Disabilities, improving accessibility in various aspects, and creating more employment opportunities.³⁴ Such measures to promote inclusion and independent living of persons with disabilities have an impact on family carers, mostly women.³⁵

In conclusion, the years since the adoption of the European Pillar of Social Rights have seen EU institutions step up their efforts in the family policy arena. The short list of initiatives detailed above should not be considered exhaustive, as many other measures with a significant impact on households could have also been included. A case in point are the legislative proposals included in the 2022 'EU Equality Package', which are meant to ensure improved application and enforcement of EU anti-discrimination rules,³⁶ as well as the directives in the field of energy.³⁷ The surge in programmes and measures reflects the multifaceted difficulties that families and households, especially ones with dependent children and relatives, are facing. Although one cannot yet speak of a coherent 'family strategy' for the EU, the last decade has seen European actors move assertively into the family policy field. There remain issues of legal competence, as in several key policy areas where the EU cannot use the door provided by its responsibility over labour markets and mobility - such as social policy and education - most aspects remain primarily

responsibility of EU countries. But there is a real growth of interest. Despite the fact that the term 'family' scarcely appears in official documents, key family policy topics such as childcare, work-life balance, gender equality, and ageing are currently receiving unprecedented attention, and this trend is likely to continue in the coming years.³⁸

This report presents the findings of a comparative research conducted by the European Observatory of Family Policy, a partnership between COFACE Families Europe and ODISEE Centre for Family Studies. The study - the first undertaken by the Observatory partnership, has taken around ten months of work between November 2022 and September 2023. Descriptively, the report focuses on four countries of the EU (Germany, Finland, Italy and Poland), as well as one region (Belgium-Flanders). In contrast to the classic institutional approach of describing policy sectors and sub-sectors (such as parental leave or early childhood education services) in terms of their mechanisms of internal functioning and level of development, this report aims to provide a description of the alignment and interconnection that exists between them. That is, between services whose coordination and cooperation (or even integration) is considered essential to effectively respond to specific household demands. As mentioned in the prior pages, over recent years there has been an increasing focus on the family in Europe, leading to the implementation of programmes and initiatives that operate in its support. This report emphasises that it is not enough to have reforms - it is essential that the policies implemented are also strategically interconnected, designed in order to complement each other and thus create an efficient response.





2.

Theoretical
framework

As evidenced in the preceding section, families in the EU face increasing complexity due to a multitude of new and old challenges. Approaching family policy from an organisational perspective reveals a fragmented landscape characterised by various domains, including health, education, employment, social welfare, and gender equality. However, policies within each domain often operate independently with minimal synergy or coherence. In this context, efforts have increased in the past decade to address this fragmentation through enhanced cross-sectoral continuity and integration between services at both supranational and national levels. The concept of policy integration³⁹ is not new and has been successfully implemented in other fields such as healthcare with the ‘health in all policies’ approach¹ and the more recent ‘One health’ concept.² These approaches recognise that all policy areas have an impact on health outcomes and prioritise cooperation between sectors to address the underlying determinants of health and promote equity in healthcare. In the realm of family policy, integration has emerged organically through discussions on complementarities within specific policy areas related to families. While organisations such as the EU and OECD have supported this discourse, although primarily as a platform for national initiatives to share their best practices rather than actively promoting integration themselves.³

The need for service integration in the family policy field has been identified as a result of inadequate social support systems that do not adequately cater to the diverse needs of households across different welfare programmes and stages of life. In light of this, the development of integrated services is viewed as a means to enhance system capacity and programme effectiveness. This initiative is largely influenced by demographic changes, such as population ageing, budget limitations, social protection scheme fragmentation, labour market risks, and a greater emphasis on policy outcomes. To fully comprehend the significance of enhancing coordination and collaboration among policy sectors, it is imperative to move away from traditional segmented, ‘siloed’, approaches and embrace a ‘family perspective’ that better accounts for the complexities and interdependencies inherent in family-related programmes and statistics. By recognising the multidimensional nature of families

and their diverse challenges, stakeholders in this field can gain a deeper understanding of their intricate needs. With a shared understanding in place, effective collaborations between policy sectors can be established, resulting in improved outcomes for both individuals and families. In this section, we will further explore the concepts introduced earlier, highlighting the crucial relationship between a family perspective and policy integration.

2.1 Spotlight on the family perspective

In its essence, the notion of the “family perspective” entails a comprehensive methodology that strives to comprehend and tackle the multifaceted needs and interconnected demands of families in relation to their welfare and self-determination. This perspective signifies a departure from traditional governance systems and isolated policy administrations, shifting the focus towards the viewpoints and experiences of families and households. It recognises that the challenges faced by families extend beyond the confines of a single policy domain or jurisdiction, emphasising their interconnected and cross-cutting nature. To effectively adopt a family perspective, policymakers must take a step back and embrace a broader, two- and multi-generational outlook.

Understanding families in context

The family perspective entails viewing families within the broader context of the social and economic systems in which they exist, thereby gaining a deeper appreciation of their dynamics. It reframes the focus from individual family members to how external environmental factors shape and influence them. This approach acknowledges that families are constantly evolving throughout the life-course, adapting in response to external conditions, and requiring tailored interventions to address their ever-evolving needs. Moreover, the family perspective underscores the critical importance of recognising and accommodating the diverse

experiences of families. It recognises that each family is unique, rendering a one-size-fits-all policy approach inadequate. Various types of households are confronted with distinct challenges and pursue different objectives. For example, single-parent households may exhibit different needs compared to dual-parent households, while rural and urban areas present unique challenges for families. Therefore, policies must be crafted with an understanding that they should accommodate these variations to cater to the specific requirements of different family structures.

Benefits of a family perspective for young children

One of the central advantages of adopting a family perspective is its capacity to provide a comprehensive and nuanced understanding of the challenges and concerns faced by families with young children. This perspective enables more effective policy responses by moving beyond surface-level considerations. For instance, when addressing poverty, a conventional approach might focus solely on income support programmes. In contrast, a family perspective recognises that poverty encompasses not only financial vulnerability, but also complex issues tied to access to education, healthcare, and housing. Likewise, incorporating a family perspective in ECEC acknowledges that children's development and learning are intrinsically connected to the family and community in which they are raised. Early childhood service providers should thus extend their focus beyond caregiving and education to include the recognition that families may require additional support, ranging from parenting counselling and mentoring to socialisation activities. This approach towards ECEC can bring attention to overlooked issues, such as the lack of coordination and continuity between nursery day-care and preschool, or between early care settings and services providing broader support and assistance to parents during the perinatal period.

Enhancing support for families: the importance of coordination and continuity

Families can easily grasp the significance of seamless coordination and continuity between services. Facilitating collaboration and integration among complementary service providers can improve the quality of responses to familial challenges and enhance the ability to tailor provisions to individual needs. This is especially significant for families experiencing hardship, as generic policies may not adequately address their unique circumstances. Policy integration is associated with improved accessibility to services, particularly for isolated or vulnerable households. By integrating multiple agencies within a cohesive family services programme, a comprehensive approach to meeting diverse needs can be achieved, surpassing the limitations of specialised policies and promoting easier access to necessary support for families.

Cross-sectoral integration for migrant and isolated families

Furthermore, cross-sectoral integration among public services ensures alignment, enhancing efficiency and effectiveness. Collaboration between agencies maximises resource utilisation and prevents redundant efforts. It also streamlines service experiences for families and individuals. Migrant families and those living in isolation often require more extensive assistance and information on accessing services during specific life stages. For instance, during the perinatal phase, parents require not only care but also guidance and counselling from multiple health, social, and informational agencies. Establishing one-stop shops with integrated services can be advantageous, introducing social care while offering details about other critical processes. This is especially significant in ensuring that these families receive the adequate support they need during this delicate phase of their lives.

Balancing work and family: employing a family perspective for reconciliation after childbirth

A family perspective can also be applied to the reconciliation of employment and family life after childbirth. Adequate parental leave is essential for creating a healthy home life, providing parents with financial security and valuable bonding time with their newborn child. This perspective also acknowledges the multi-sectorial nature of this period, encompassing various services such as childcare, employment rights, and tax credits. For example, childcare provisions should bridge the gap between the end of parental leave and a child's eligibility for ECEC support, preventing financial strain for families.

In summary, the family perspective offers a valuable lens through which to understand the diverse needs and demands of families and how they engage with public services across various life stages. Embracing a nuanced and comprehensive understanding of the challenges faced by families underscores the importance of integration and coordination among government agencies and public services. By reorienting service delivery to align with the realities of families' experiences and transforming regulations and procedures in an integrated manner, family policy systems can better meet the evolving needs of families.

2.2 Defining integrated family policy responses to crosscutting family challenges

The family perspective emphasises the importance of considering the complexity of family needs and the implementation of inter-sectoral solutions in policymaking. In this report, the term “family policy integration” is used precisely to convey the aim of creating cross-sectoral responses to these challenges. Different forms of policy

integration can be observed across various sectors and countries, resulting in increased coordination between actors from related family policy domains and greater alignment between governing authorities in these areas. The term “related family policy domains” refers to areas or sectors within the larger family policy system that share similar goals or political directions.

For instance, in several EU Member States, the ECEC sector consists of care-centred services such as day-care nurseries and crèches, as well as preschool settings with a more education-oriented focus, such as kindergartens. Although there may be distinctions between these two domains, early care and preschool education, their ultimate objectives align in their provision of care, early education, and socialisation for children, as well as supporting work-life balance for families. Likewise, from the perspective of a family seeking to achieve work-life balance, the policies governing parental leave and ECEC also play crucial complementary, ‘related’, functions. Specifically, it is essential for these two areas to be aligned to avoid a gap of childcare options for working parents when they return to their employment after having a child. These brief examples illustrate how the concept of family policy integration (or fragmentation) can be fruitfully exemplified when discussed in relation to cross-cutting requirements by families, necessitating the simultaneous activation of services and professionals from multiple sectors for effective response.

There are different terms commonly employed to describe levels of integration in family policy: fragmentation, cooperation, collaboration, coordination, and integration. Fragmentation entails lack of coordination and results in isolated programmes that do not fully address family needs. Cooperation involves joint planning and shared goals but lacks systematic planning for families. Collaboration has more frequent and purposeful joint planning, with a focus on improving families. Coordination has a shared vision and cross-sectoral platforms connecting services and agencies, with common values and culture. Integration is the highest level and includes formalising shared vision, values, and culture among agencies. It also typically involves coordinating agencies and multi-level

programmes for a comprehensive approach to addressing family needs. The table presents a summary of the terms and their corresponding definitions.

The growing recognition of the intricate nature of family challenges has prompted the imperative for cross-sectoral responses as a means of addressing such complexities. However, it is crucial to note that the approach to implementing these cross-sectoral responses should not simply revolve around a dichotomy of integration versus fragmentation, but rather be viewed as a continuum of joint measures. Integration, in this context, encompasses two dimensions. Firstly, it pertains to the ultimate level of service unification, where two or more government agencies may merge to create a more cohesive and coordinated structure. Secondly, integration can also refer to the process of restructuring that occurs within services, aiming to enhance coordination and collaboration among various entities. This 'extended' understanding of integration as a multifaceted process is integral in effectively comprehending the dynamics of family policy.

2.3 Concluding remarks and methodology

Families with young children face a complex array of needs prior to their children's compulsory schooling. These needs, which are often intertwined with specific circumstances and contexts, cannot simply be categorised as desires, demands, or wants from the family perspective. Consequently, addressing these needs requires the involvement of various public administrations, services, and professionals in a collaborative manner. Furthermore, this does not constitute a one-time event, but rather necessitates ongoing coordination between different services over an extended period of time. In light of this, the present report seeks to delve into three distinct scenarios of complex needs faced by families with very young

children: balancing care, family life, and return to employment; managing early childhood development and education; and ensuring access to guidance and support during and after the perinatal phase. To achieve this objective, the report conducts an in-depth analysis of five country case studies, namely Finland, Germany, Italy, Poland and the Belgian region of Flanders. These case studies will provide valuable insights on how services that fall within the purview of related family policies can either effectively integrate or remain fragmented while addressing these complex needs across multiple sectors. In keeping with its overarching goal to address the multi-faceted needs of families with young children, this report adopts a 'family perspective', which underscores the importance of evaluating service delivery systems from the vantage point of fulfilling these essential needs.

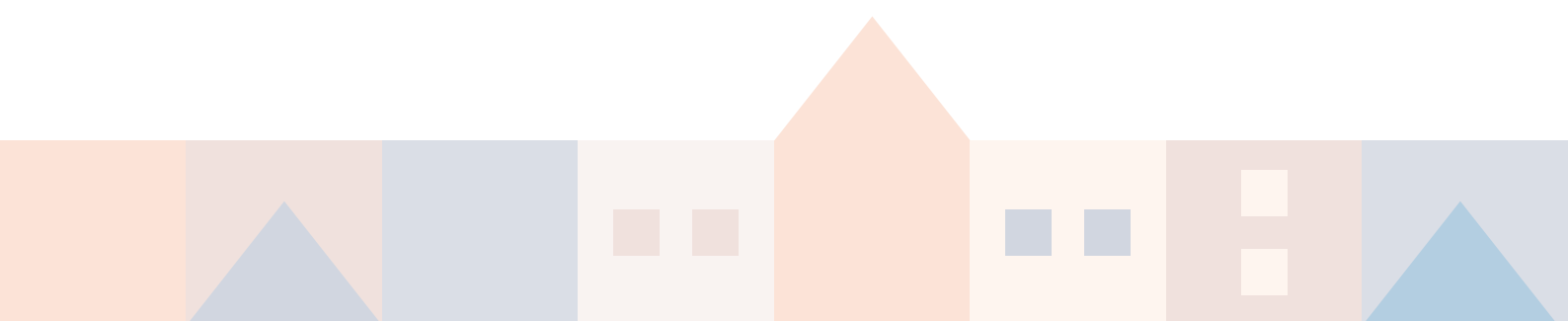
The methodology employed in this report aims to investigate the state of integration in three specific policy fields. To achieve this, a combination of secondary and primary data was utilised. The secondary sources consisted of various policy reports from international, EU, and national sources, along with official legislation and academic journal articles. This was done to ensure a thorough understanding of the existing literature on the subject matter. Some of the most influential sources for this report include the comprehensive review of leave systems published annually by the International Network on Leave Policies & Research, the 2019 publication of key data on Early Childhood Education and Care by Eurydice, and the final reports of three recent European projects: the INTESYS project (2015-2018), which focused on integrated services for children and support for vulnerable families and developed a reference framework for Integration in ECEC systems,⁴⁰ the START project (2016-2019), which aimed to sustain transitions in the early years,⁴¹ and the INTRANS project (2020-2023), which focused on inclusive transitions in the early years.⁴² The report heavily utilized the EUR-lex website for official legal documents. Additionally, a range of publications available on the Eurostat website were extensively utilized, including policy notes, specific database consultations, and the Labour Force Survey (LFS) and EU statistics on income and living conditions (EU SILC).

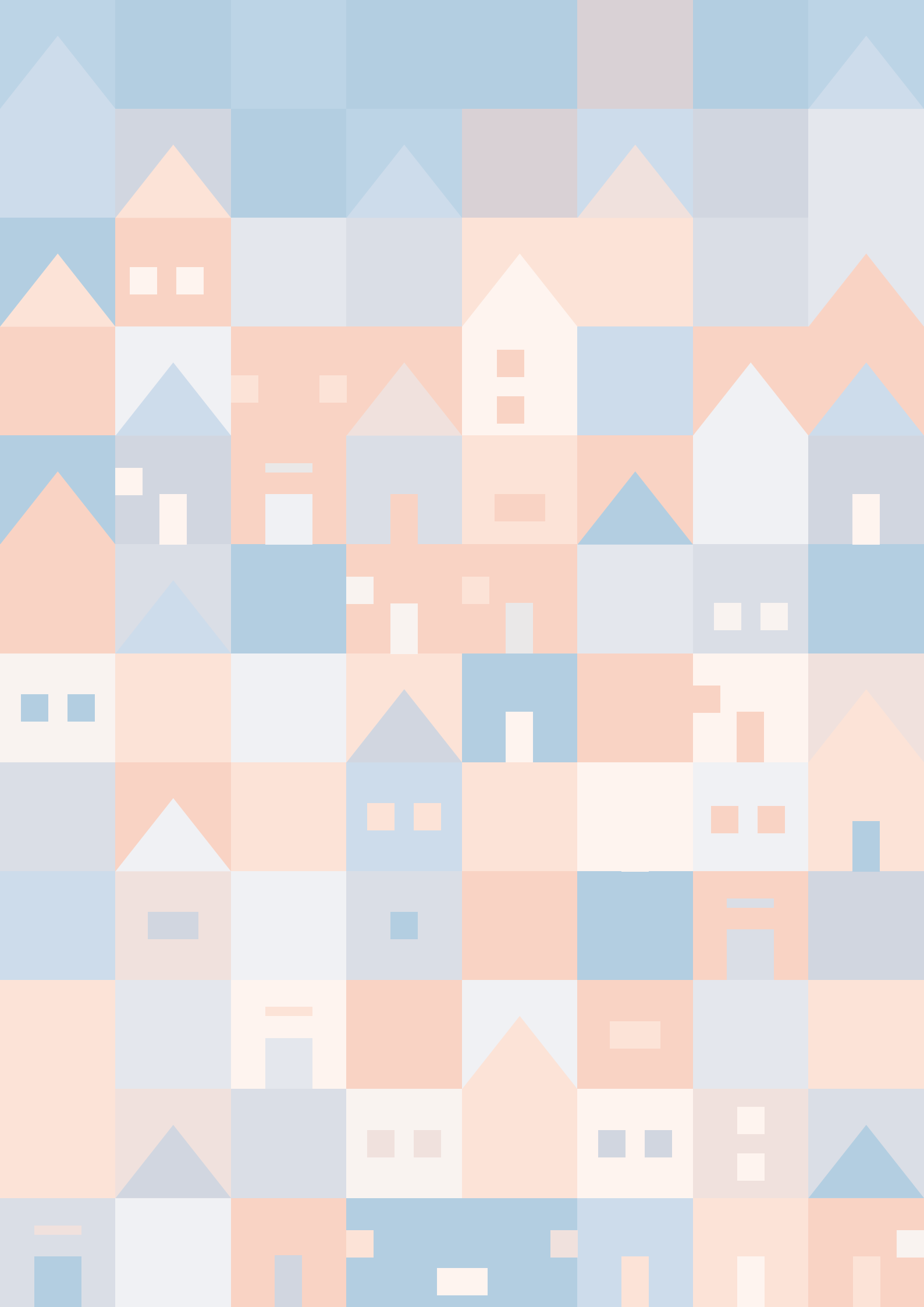
TABLE 2. A theoretical framework for integration in the family policy sector

Fragmentation	Refers to the situation in which various policy domains within the realm of family policy operate autonomously and without aligning their efforts or coordinating their actions. Each of these sectors operates with its own distinct goals and objectives, which can subsequently lead to a lack of coherence or unity among programmes. Moreover, this lack of alignment and communication among stakeholders in different fields can result in the isolation of individual programmes, rendering them incapable of adequately and comprehensively meeting the needs of families throughout the various phases of their life course.
Cooperation	Refers to a situation that is an advancement in terms of promoting integration in comparison to fragmentation. Through cooperative efforts, public administration bodies and other relevant agencies involved in family support and welfare undertake a degree of collaborative planning, thereby aligning their operational objectives. Despite the existence of such collaboration in addressing familial concerns, it is worth noting that such cooperative efforts are often sporadic in nature, lacking consistency and systematic planning. Consequently, the services rendered fail to adequately cater to the comprehensive needs of families as an entity.
Collaboration	Collaboration across services in family policy entails a systematic and intentional joint planning process between various services and agencies. It involves a heightened emphasis on how different services can effectively work together to enhance the well-being of families. The ultimate objective is to cultivate a shared set of values and a cohesive vision for addressing the multifaceted needs of families. Through consistent collaboration, services and agencies are able to pool their resources, expertise, and knowledge to provide comprehensive and coordinated support to families. This collaborative approach promotes a more integrated and holistic approach to addressing family issues, ultimately leading to more effective and sustainable solutions. Furthermore, by bringing together diverse perspectives and expertise, collaboration ensures the identification and implementation of innovative strategies and best practices in family policy. Overall, collaboration in family policy serves as a critical tool for promoting stronger partnerships and ensuring the delivery of high-quality, responsive services to families in need.
Coordination	The concept of service coordination within the realm of family policy is based on the fundamental premise of interconnectedness and cooperation among various service providers and agencies. It is guided by a unifying vision that connects these entities, establishing a framework for streamlined and cohesive collaboration. At this stage, the development of open cross-sectoral platforms of coordination is crucial, facilitating communication and coordination across diverse organisations. A concerted effort is made to foster the adoption of common values and a shared professional culture, promoting a sense of cohesion and joint accountability among service providers. Such integration and alignment pave the way for services to operate in a more systematic and effective manner, ultimately enhancing their ability to address the multifaceted needs of families.
Integration	Within the realm of family policy, service integration is deemed as the pinnacle of unification and coordination. It involves the recognition and formalisation of shared visions, values, and culture as guiding principles. Through integration, various agencies that operate within adjacent family policy domains work collaboratively towards achieving mutual objectives, with one designated agency assuming a coordinating role and spearheading multi-level initiatives. The primary intention of service integration is to enable a comprehensive and holistic approach towards addressing the diverse needs and challenges faced by families. By considering the intricate and interconnected nature of familial issues, service integration allows for a comprehensive and all-encompassing strategy to be implemented.

Source: The table above consists of a readjustment by the author of the classification of the forms of integration of ECEC services included in the final report of the European Commission's Erasmus+ Programme INTESYS - Integrated Systems in Early Childhood.

Additionally, primary data was collected from 30 experts across different sectors through semi-structured and face-to-face interviews. These individuals were chosen based on their expertise and knowledge in the three policy fields under study. The interviews were organised into three different question routes, each corresponding to one of the three scenarios of family policy integration analysed in the report. The use of both semi-structured and face-to-face interviews allowed for a more in-depth exploration of the subject matter, providing valuable insights and perspectives from the experts. Moreover, the primary data collected through the interviews was used to supplement the findings from the secondary sources. This approach enabled a holistic assessment of the state of integration in the three policy fields, taking into account both existing literature and expert opinions. Overall, this combination of secondary and primary data provided a robust and comprehensive methodological framework for this report's investigation into the state of integration in these three policy fields.







3.

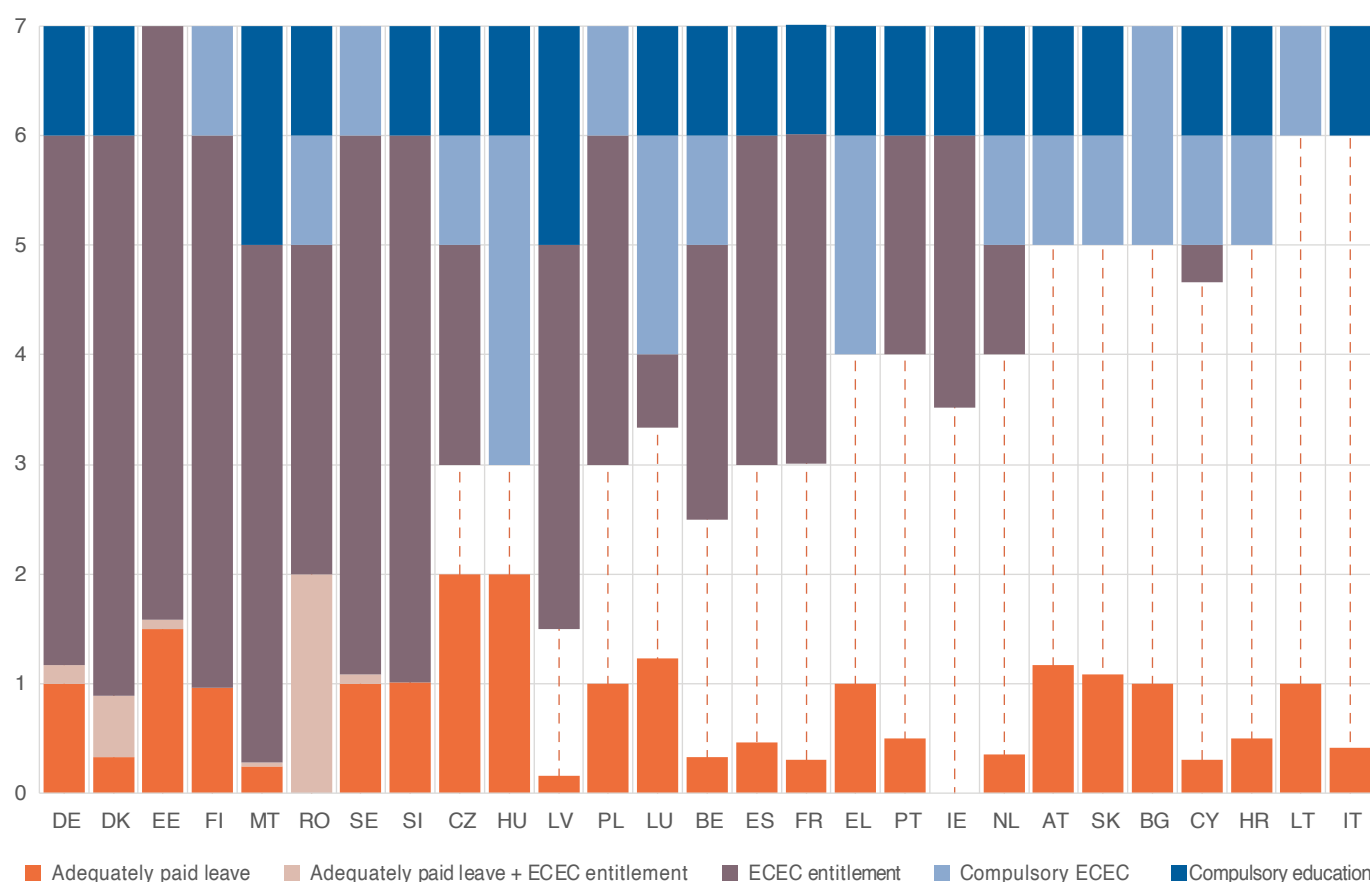
Balancing care,
family life,
and return to
employment after
the birth of a
child

The birth of a child is an event of topical importance for a family. Even when this is not the case, the arrival of a newborn child alters the balance of the family. Both organisationally, economically and in terms of the use of free time, the birth of a child imposes a reorganisation of the household's functioning. This is particularly evident in relation to reconciling and balancing care and employment. If work-life balance is an issue that never really leaves the family as long as it contains within it a dependent member (which children are to all intents and purposes until later in life), the challenges related to reconciliation are particularly significant during their first period of life, which roughly runs from birth to their entry into a childcare facility. These challenges represent an increasingly pressing issue in many EU countries, as demonstrated by recent expansionary trends

in maternity leave and paternity rights,⁴³ as well as by the wider transformations of national ECEC regulations and arrangements.⁴⁴

Beyond the demands of balancing employment and caregiving responsibility, key challenges during this delicate phase include financial strain and added emotional pressure. Parents that try to juggle their responsibilities within limited resources may struggle with childcare costs, or face difficulties securing flexible work arrangements that meet their needs while also providing adequate income for themselves and their families. Furthermore, social pressures may lead mothers in particular to feel guilty about taking time away from home for paid work, or even feeling pressured into returning earlier than desired due to economic hardship. To

CHART 1. The 'real' childcare gap in the EU, 2022



Notes: (i) the vertical axis represents the years of the child's life; (ii) the definition of adequately-paid leave used here is 66 per cent of earnings or more; (iii) the light orange bar indicates a period in the child's life when adequately paid parental leave and the right to access ECEC coincide.

Source: Blum, S., Dobrotić, I., Kaufman, G., Kosłowski, A., and Moss, P. (2023) 19th International Review of Leave Policies and Related Research 2023. The full report can be accessed at <https://www.leavenetwork.org/annual-review-reports/review-2023/>.

effectively address these challenges requires comprehensive policy tools such as parental leave allowances; access to affordable childcare services; flexibility workplace policies; tax credits and other support systems targeted specifically at new parents seeking balance between parenthood and employment.

The mismatch between need for and access to some of these policies and programs outlines a challenging context for policymakers and public administrations. While in recent decades women's participation in employment increased across the EU, the topic of caregiving and employment arrangements after childbirth also achieved a position of unprecedented salience. The concept of 'childcare gap' refers to the period after a baby is born when parents transition back into work but cannot yet access formal childcare. In this sense, the term can be also used to describe the discrepancy between the *demand for* and *provision of* childcare after the end of statutory family leave.⁴⁵ From the perspective of a child, the gap can indicate the amount of time they are not covered by either parental leave or by a guaranteed place in formal childcare.⁴⁶ From a family's perspective, the financial impact of this period is significant. The gap can be regarded as the time during which a family decreases the total hours worked by its adult members after the birth of a child. In the absence of sufficient child benefits and paid leave, this can result in an economic setback. It is thus important to differentiate between a 'formal' childcare gap, which refers simply to the time a person is on leave and protected from dismissal, and a 'real' or 'subsidized' childcare gap. The latter calculates the period from the end of well-paid or adequately paid leave until access to ECEC.

In the light of these different definitions, it is clear how different policies can be effective to tackle the mismatch encapsulated by the childcare gap, including care-related maternity, paternity or parental employment leave, enlarging affordable ECEC provision, and establishing tax credits or subsidies for households with privately provided childcare costs. All these policies have an impact on the family unit following the birth of a child, and in particular on the reorganisation of work and care time during this period. From a family point of view, however, bridging the childcare gap is

not just about finding the right mix of policies. It also requires improved cross-sectoral alignment and coordination.

3.1 The challenge of increasing fathers' leave share: the impact of the 2019 EU Directive on Work-Life Balance

The enactment of EU Directive 2019/1158 on Work-Life Balance (WLB) explicitly aimed to promote gender equality by encourage men to take a more active role in caregiving. Not accidentally, in the five case study countries of this report a key trend that emerges regarding the reduction of the childcare gap is the strengthening of the care role of male parents, and the consolidation of a father's entitlement to caregiving after childbirth. In some cases, the Directive acted as a catalyst in reinforcing paternity leave rights; however, in others, a movement towards this direction had already transpired before 2019, and the European legislation served, one might say, to validate the established initiatives.⁴⁷

In Poland, the implementation of the WLB Directive in Spring 2023 was the latest in a series of reforms that over the last decade have substantially transformed the way in which families balance their work and family life after the birth of a child. The implementing bill intervened mainly on the fathers' side of the parental leave system ('*urlop rodzicielski*'), leaving both maternity leave ('*urlop macierzyński*') and paternity leave ('*urlop ojcowski*') largely unchanged. The maternity leave framework continues to provide 20 weeks of paid leave with a 100 percent replacement rate, fourteen of which are non-transferable, while the duration of paternity has remained of two weeks at full salary. The only minor change has been in relation to the period within which fathers must take leave – which has been shortened from two to one year after childbirth. A more significant transformation

was, however, introduced in relation to the parental leave period, which was increased from 32 to 41 weeks, with each parent holding an entitlement to a non-transferable quota of nine weeks. Earmarked leave is a significant step towards encouraging fathers to make use of care-related employment leave. Not only does it create an incentive for male partners to claim their quota, which is otherwise lost; it also makes it easier for men to discuss with their acquaintances and employers the subject of taking time off work for caregiving purposes. Within the new framework, salary replacement during parental leave has been increased from 60 to 70 percent. Until 2023, mothers had the option of claiming the full 52-week period of leave following childbirth, with payments set at an 80 percent rate. This was a financially advantageous option when compared to the alternative of taking 20 weeks of complete salary for maternity leave followed by a variable number of weeks of parental leave while receiving 60 percent of their wage. The

flip side of course is the disincentive this option represented to fathers taking parental leave. This was exacerbated by the wage gap between men and women, estimated as a 20% difference in 2015. Given the circumstances, it was often considered sensible for the mother to take on the entire 52-week allowance, as the father's loss of income would be more proportionally significant. The earmarked leave period has partially offset this issue. The majority of mothers who have a combination of maternity and parental leave (20 and 32 weeks: 9 weeks reserved for mothers and 23 weeks of shared leave) will be able to receive an average allowance equivalent to 81.5 percent of their base salary.⁴⁸ Meanwhile, the introduction of a 9-week non-transferable quota for fathers (mirroring the 14-week maternity period that women are already required to take) at a 70 percent rate is expected to incentivise more men to take this option and overcome cultural and social pressures on women.

BOX 1. Tackling the Demographic crisis as a family policy goal

Demographic decline has been a major theme in the Polish public discourse surrounding families over the past two decades. Already at the time of Poland's entrance into the EU in 2004, signs of a gradual shift of the social policy debate towards demographic and fertility concerns could be discerned. During the last decade, pronatalist views have become a central component in mainstream politics, and with them explicit ideas linking fertility rates and availability of caregiving-related resources during the period after childbirth. Leave reforms in the last decade have been largely embedded in these assumptions. Over this period, Poland has gradually emerged as one of the countries with the most generous leave systems in the European Union.⁴⁹

The Italian leave regulations has also seen transformations during the last decade. Most recently, Legislative Decree No. 105, issued in June 2022, made significant revisions to the system, aligning it with WLB Directive 2019/1158. One of the main thrusts of the bill was to strengthen fathers' individual entitlement to care leave after childbirth. In the first place, the legislation fixed the duration of 'mandatory'⁵⁰ paternity leave (*'congedo di paternità obbligatorio'*) to 10 working days, as had been provided for a few months earlier, on

an experimental basis, by the Budget Law no. 197/2022.

In addition to setting the duration of paternity leave at 10 days, the 2022 Decree introduced three significant innovations: allowing biological, foster, and adoptive fathers to take the paternity leave days prior to the child's birth (starting from 2 months before the expected due date and extending up to 5 months after the birth); extending the benefit of leave to civil servants

who were previously excluded; and doubling the duration of leave in the event of multiple births. The Decree has had limited implications on Italy's regulation of maternity leave (*'congedo di maternità'*). Specifically, it only extended to self-employed women a daily allowance for periods preceding two months before delivery in the event of complications due to pregnancy complications or chronic illnesses (exacerbated by the woman's pregnant state).

Implementation of the WLB Directive also led to some considerable shifts in the framework of parental leave (*'congedo parentale'*), specifically with regards to enhancing the father's caring role. The three main changes introduced by the decree, in this regard, were: the extension from 6 to 9 months of the total period of paid parental leave to which the couple is entitled (at 30 percent of average salary); the introduction of a non-transferable 'quota' for each parent (three months each, out of the total nine); and the extension from 6 to 12 years of the period within which months of parental leave can be taken. Additional incentives for male parents to use paid leave are the provision that if the father uses all 3 months to which he is entitled, the couple receives an additional month of leave, bringing the total from 9 to 10. A second, albeit indirect, incentive refers to an amendment introduced by the Budget Law for 2023, that enhances the parental leave allowance, raising it from 30% to 80% of the parent's salary; however, this increase applies for one month only out of the three non-transferable months allocated to each parent, on the condition that the enhanced monthly payment of 80% is utilised within the child's first six years of life.⁵¹

Altogether, the changes meant a significant step forward for Italy in terms of recognising an individual right for employed individuals who become fathers to be able to abstain from work for a period and still receive full remuneration from social security. Not coincidentally, this period is often referred to as 'mandatory' paternity leave, emphasising that the right is inalienable and differentiating it from the 'optional' paternity leave (*'congedo di paternità facoltativo'*), which only lasts one working day and can be transferred from the mother's maternity leave.

Transformations of the leave system in the direction of strengthening the role of fathers as caregivers after childbirth have also been implemented recently in Finland and Belgium. The former deviates slightly from the Nordic gender equality model, exhibiting more positive attitudes towards traditional gender roles compared to other Scandinavian countries and closer to Central European and German welfare traditions. In a bid to bolster non-discrimination and gender equality in the workplace, while narrowing the gender pay gap, the Finnish leave system has recently experienced a substantial overhaul through a major reform that came into effect in August 2022. The key modifications introduced include the allocation of symmetrical quotas for each parent with the option to transfer a portion to the other parent, the implementation of gender-neutral terminology, an extended total duration of parental leave, and enhanced flexibility in its utilisation.⁵² The 2022 Finnish Leave reform (*'Perhevapaauudistus'*) has brought about a profound transformation in the Finnish leave system. The reform represented a compromise between the governing parties⁵³ while keeping the cash-for-childcare benefits scheme unmodified. One crucial aspect of the reform is the extension of the father quota and the overall duration of earnings-related parental allowance. For the first time, both parents will have an equal quota of parental leave, allowing them to take leave over multiple periods until their child reaches the age of two. Additionally, parents have the flexibility to transfer some of their own leave days to the other parent, another custodian, their spouse, or the spouse of the other parent.

In sum, the 2022 reform replaced the old maternity leave scheme of 105 working days by a system that offers pregnancy leave (*'raskausrahakausi'*) of 40 days for birth mothers. Additionally, parental leave with a quota of 160 days has been implemented for both parents. While the amount of leave specifically allocated for mothers has increased, it is important to note that, in practice, mothers already typically utilised most of the parental leave on top of their maternity leave. Therefore, the reform does not bring about a significant change in the actual leave usage patterns. Another notable change is the duration of paternity leave. Instead of the previous leave of 54 days, with 18 days to be taken while the

TABLE 3. The Italian leave system before and after Legislative Decree No. 105 /2022

	HOW IT WAS BEFORE	HOW IT IS NOW
Maternity leave <i>Congedo di maternità</i>	<p>Five months paid at 80 per cent of previous earnings with no upper limit for salaried workers. The leave period can begin at the earliest 2 months, and at the latest four weeks before childbirth. In exceptional cases the pregnant woman can work up to childbirth (certification from a specialist doctor is needed).</p> <p>Self-employed workers are entitled to receive leave compensation equivalent to 80 percent of their declared earnings from two fiscal years preceding the year of childbirth</p> <p>In the case of multiple births, the duration of maternity leave does not vary.</p>	<p>Largely unchanged</p> <p>The Decree included a minor alteration to the existing maternity leave program, extending to self-employed women the provision of a daily allowance for periods preceding two months prior to delivery in instances of severe pregnancy complications or chronic illnesses aggravated by the pregnant state</p>
Paternity leave <i>Congedo di paternità (obbligatorio)</i>	<p>10 working days, paid at 100 per cent of previous earnings, to be taken within 5 months of childbirth.</p> <p>The right for working fathers to take paternity leave is separate from the mother's right, allowing them to take non-consecutive leave periods, including during the mother's mandatory leave period. Fathers can start taking leave two months prior to the anticipated birth date and continue up to five months after the child is born.</p>	<p>The Decree confirms and makes structural the duration of mandatory paternity leave in line with the provisions of the Budget Law 2022. The working father is entitled to a leave equal to 10 working days usable in the time frame ranging from 2 months before to 5 months after childbirth. The leave is usable 'within the same time frame, even in the case of the perinatal death of the child'. The 10 days can be taken non-continuously but are not divisible into . The duration of the leave is doubled in favour of the working father in case of multiple births.</p> <p>As a result, three significant changes have been implemented compared to the previous regulations:</p> <p>(i) The option for biological, custodial, and adoptive fathers to take leave prior to the child's birth, starting from two months before the expected due date and extending up to five months after the child's birth</p> <p>(ii) Civil servants, who were previously excluded from this entitlement, are also eligible to take leave starting from 13th August 2023</p> <p>(iii) The duration of leave has been doubled for cases involving multiple births</p>
Parental Leave <i>Congedo parentale</i>	<p>6 months per parent. Leave is an individual entitlement that cannot be transferred. It can be utilized at any point until the child reaches 12 years old. If the leave is taken for a child under six years old, it is paid at 30% of previous earnings, whereas it is unpaid if taken when the child is between six to twelve years old.</p> <p>The maximum duration of leave for a family is ten months, unless the father takes a minimum of three months of leave. In such cases, the total duration can be extended to 11 months, and the father has the option to extend his leave to seven months.</p> <p>Each parent is eligible for extra Leave in the event of a multiple birth, with the duration being doubled for twins and tripled for triplets, as the Leave is granted per child; alternatively, a single parent is allowed to take ten months of Leave.</p>	<p>a) The compensated leave duration, eligible for a 30% contribution from Inps, is extended from 6 to 9 months, subject to the maximum limits of parental leave applicable to parents.</p> <p>b) The age limit for parents, including adoptive and foster parents, to avail compensated parental leave at 30% is expanded from 6 to 12 years of the child's age.</p> <p>c) Lone parents are granted 11 continuous or fractioned months of parental leave, with 9 months (previously 6 months) compensable at 30% of their salary</p> <p>The Budget Law 2023 enhances parental leave allowance, increasing it from 30% to 80% of the parent's salary for one month within the three non-transferable months assigned to each parent. This higher payment rate is applicable during the child's first six years of life.</p>

Source: Own research based on: Böhm, Attila (2022) *EU Work-Life Balance Directive Transposition in Action: A Mixed Picture From Non-Compliance and Basic Minimum Standards to Ambitious Reforms for Modern Gender- Responsive Family Policies*. COFACE - Families Europe; Addabbo, Tindara, Valentina Cardinali, Dino Giovannini, and Sara Mazzucchelli. "Italy Country Note [2023]." *19th International Review of Leave Policies and Related Research 2023*: 330-342

mother is on Maternity or Parental leave, fathers (or the non-birth parent) now have a significantly extended quota of parental leave, amounting to 160 days, of which 97 days are non-transferable to the other parent. Furthermore, the reform has modified the duration of parental leave, which has been lengthened from 158 to 320 days. This revised parental leave period now encompasses portions of the previous maternity and paternity leave, resulting in an overall extension of approximately two months from the child's birth until the end of the available leave.

The Belgian family leave system makes a clear distinction between maternity, paternity, and parental leave. While maternity leave (*'moederschapsverlof'*) is available to all individuals, albeit with variations in duration (between 12 and 15 weeks) and remuneration (between 75 and 100 percent replacement rate, access to paternity or "birth" leave (*'geboorteverlof'*)⁵⁴ and parental leave (*'ouderschapsverlof'*) is subject to stringent employment-related criteria.⁵⁵ The WLB Directive 2019/1158 also facilitated transformations to the Belgian system in terms of reinforcing entitlements to family leave of fathers. These changes, however, do not compare in impact to the more drastic changes observed in Italy, Poland, and Finland. With respect to paternity leave (*'geboorteverlof'*), its duration was extended from 15 to 20 working days (fully paid at 100 percent for the first three days, then 82 percent for the remaining period). In addition, changes are made to the period of severance protection for paternity leave. Under the modified regulations, protection begins from the moment the employer is notified (verbally or in writing), and not on the first day of birth leave any longer. The period of protection extends for five months from the day of childbirth, as opposed to the previous duration of three months after the leave was taken.

Additional safeguards against dismissal are implemented during birth leave and maternity leave. If an employer issues a dismissal after the protection period has ended, but prepared for the dismissal during that period, it will be treated as a dismissal occurring within the protected timeframe. For employees with temporary contracts, there is a legal presumption that non-renewal of an employment contract is due to birth

leave. Employers can rebut this presumption by demonstrating that the non-renewal is unrelated to the birth of the child. Moreover, an employee who reduces their working hours during parental leave has been entitled to severance pay since 2010 in the event of dismissal without notice and without urgent cause. This compensation is calculated based on the current salary the employee would have received if they hadn't reduced their work performance during parental leave. The law now extends this regulation to cover all career reductions during thematic leave and time credit. Implementation of the WLB Directive has not directly impacted on the parental leave framework, which provides a leave period of 4 months per parent (nontransferable) and is compensated with approximately 800 Euro after taxation. During their leave period, employees are given the possibility to switch between various forms of leave, including full time, half-time, and one-fifth options.⁵⁶

In the case of Germany, the structure of the parental leave system has not changed dramatically in recent years. While duration of Maternity Leave (*'Mutterschutz'*) is fourteen weeks, with the period being non-transferable and fully paid at the average income from the three months before childbirth, the country does not have a separate provision for paternity leave (*'Vaterschafturlaub'*), which is incorporated within the parental leave system. The parental leave reform of 2006, which led to the implementation of the 2007 Federal Parental Allowance and Parental Leave Act (*'Bundeselterngeld- und Elternzeitgesetz'* – BEEG) marked a significant milestone in the history of the German leave system, resulting in the current structure that still exists today.⁵⁷

The twofold objective of the reform was to increase women's influence in the labour market by promoting greater involvement of men in caregiving responsibilities, thus fostering a more balanced division of parental duties. The introduction of an income replacement benefit, along with two earmarked non-transferable partner months (*'Partnermonate'*), was designed to encourage fathers to take parental leave (*'Elternzeit'*) more extensively than in the past and actively engage in their role as fathers.

TABLE 4. The Finnish leaves system, upon implementation of 2022 ‘Perhevapaaudistus’⁵⁸

	HOW IT WAS BEFORE	HOW IT IS NOW
Maternity leave <i>äitiysvapaa</i>	A total of 105 working days, between 30 and 50 of which must be taken prior to child-birth, while two weeks before and two weeks after the birth are mandatory. The maternity benefit (‘äitiysraha’) received is earnings-related. For employed individuals earning more than 9,892 Euro, the salary replacement rate is 90 percent for the first 56 days of leave. After this initial period, the benefit is paid at a rate of 70 percent. Mothers who are not employed or have annual earnings below 9,892 Euro receive a minimum flat-rate allowance of 29.67 Euro per working day.	Under the new scheme, the Finnish leave system has transitioned to a gender-neutral Parental benefit/leave structure, replacing the previous Maternity, Paternity, and Parental benefits/leaves. The revised Parental leave is distributed equally between both parents, granting each parent 160 working days of leave (about 6.4 months). Additionally, each parent has the option to transfer 2.5 months (63 days) of their leave to the other parent. Consequently, the non-transferable quota for each parent stands at 3.9 months (97 days).
Paternity leave <i>isyyysvapaa</i>	54 working days, equivalent to nine weeks. During this period, fathers have the flexibility to take between one and 18 days while the mother is on Maternity or Parental leave, with the remaining days to be taken afterwards. The paternity leave benefit is earnings-related, providing a replacement rate of 70 percent for individuals earning up to 40,000 Euro per year. Beyond this threshold, the benefit is reduced to 40 percent of earnings.	The pregnant parent is also entitled to 40 Pregnancy leave days, which must commence no later than 14 days before the due date. Overall, the total number of leave days with an earnings-based benefit amounts to 360, corresponding to 14.4 months. Following the child’s birth, the maximum length of available leave is 346 days, or 13.8 months. In the case of multiple births (twins, triplets, etc.), an additional 84 Parental benefit/leave days are granted per additional child.
Parental leave <i>vanhempainvapaa</i>	158 working days, which can be taken by parents following the completion of maternity leave. This leave is a family entitlement, allowing parents to divide it according to their preferences. During parental leave, benefits are provided at a rate of 70 percent salary replacement. However, for individuals earning less than 12,700 Euro per year, a flat rate benefit of 29.67 Euro per weekday is provided.	In single-parent families, the sole parent receives both parental allowance quotas. Twins, triplets and other multiples are an exception to this pattern: in their families, the parental allowance quota is extended by 84 days for each second child and each subsequent child.
Home-care leave <i>hoitovapaa</i>	Starting from the conclusion of Parental leave until the child reaches their third birthday; it can be divided into two periods, with a minimum duration of one month. During this leave, parents are eligible to receive the Home-care allowance (‘kotihoidon tuki’), which comprises a fixed-rate allowance along with various supplementary benefits. Some of these supplements are subject to means testing, as detailed below.	Unchanged, with a notable modification: it can now be received after 160 Parental benefit days have been utilised, though still until the third birthday of the child. This adjustment allows for flexible and alternating use of the Home-care allowance and Parental leave. For instance, if one parent (typically the father) decides to take their Parental leave days later, instead of immediately after the other parent (usually the mother) has used her allotted days. When the child reaches the age of nine months, they become eligible for Early Childhood Education and Care (ECEC). In cases where a parent chooses to take some of their Parental leave days after the child has already started attending ECEC, the child retains the entitlement to return to the same daycare facility if the leave period does not exceed 13 weeks. This provision ensures continuity of care for the child while allowing parents to manage their leave arrangements in a manner that suits their needs and circumstances.

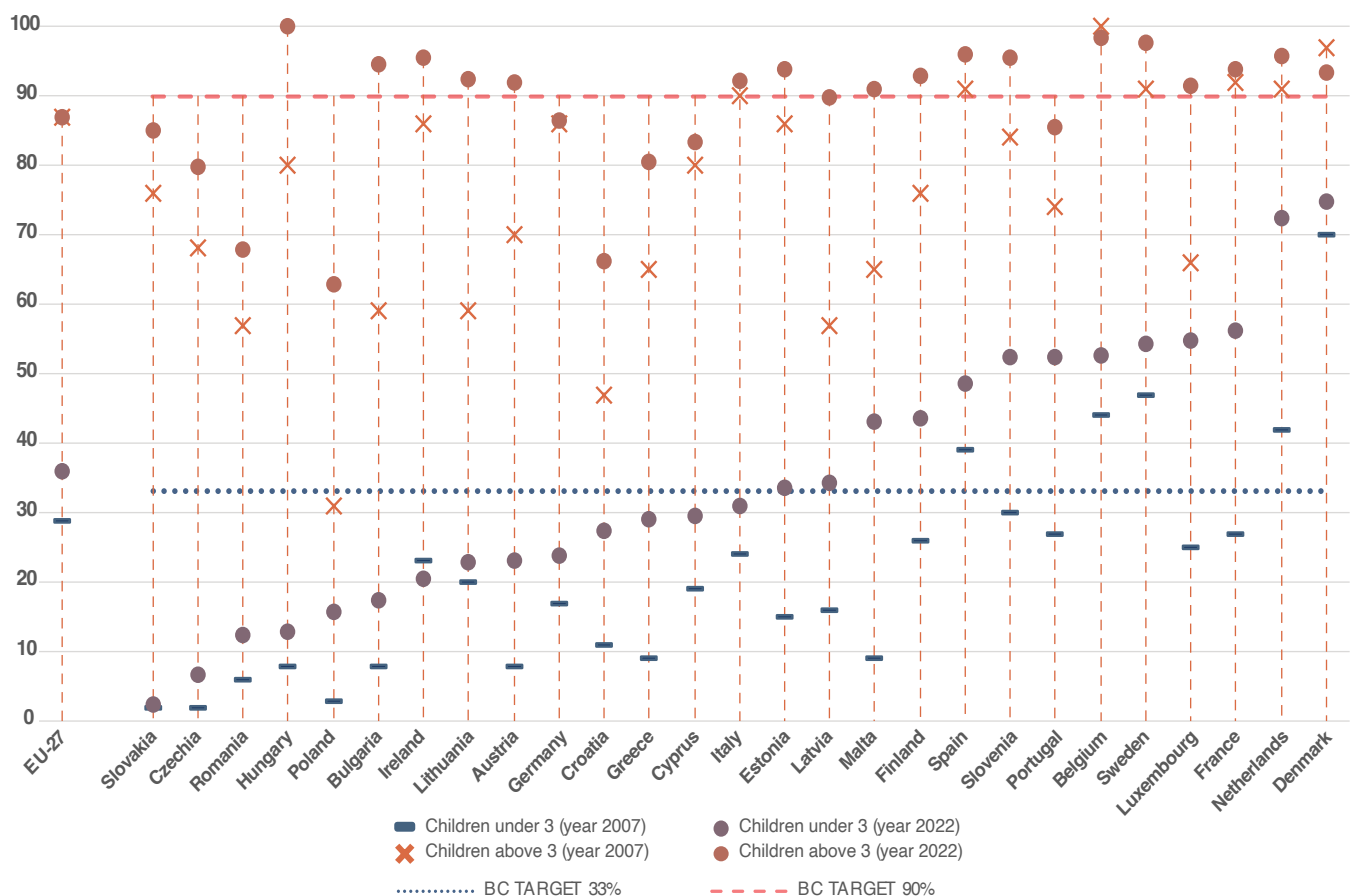
Source: Own research based on: Böhm, Attila (2022) *EU Work-Life Balance Directive Transposition in Action: A Mixed Picture From Non-Compliance and Basic Minimum Standards to Ambitious Reforms for Modern Gender- Responsive Family Policies*. COFACE - Families Europe; Närvi, J., Lammi-Taskula, J., Salmi, M. and Miettinen, A. (2022). *Finland country note. International Review of Leave Policies and Research 2022*.

This fathers' quota led to a considerable rise in the number of fathers taking up parental leave.⁵⁹ The transposition of the WLB directive had instead minimal impact on the existing German family leave system. The framework in Germany already largely met the minimum requirements outlined by the legislation, so the transposition only resulted in minor adjustments, which have been compared to a "homeopathic" correction of the existing structure.⁶⁰ More significant alterations to the overall framework were foreseen in the coalition agreement between the Social Democratic Party (SPD), Greens, and liberal Free Democratic Party (FDP), formed in December 2021 - and should include a two-week long paternity leave with pay for partners, the extension to the right of maternity leave in case of miscarriages occurring after 20 weeks, and a simplification of parental leave legislation.⁶¹

3.2 The challenge of ECEC access: expanding supply and legal entitlements

While care-related employment leave policies are one side of the equation for helping parents to find a balance between work and family life following childbirth, access to formal ECEC services is another. Participation in ECEC varies significantly across the EU, as well as between age groups. Whereas, over the past 15 years, increases in attendance were registered in many countries, several Member States in 2022 had still not reached the participation targets set at the Barcelona European Council in 2002 (so-called 'Barcelona Targets'), respectively 33% of children in the 0-3 age group and 90% of children in the 3-6 age group.

CHART 2. ECEC participation in the EU. 15-year change: 2007-2022



Source: Own calculations based on EU SILC database

Whereas the expansion of provision has been a common trajectory pursued by many EU countries in recent years, as illustrated by the chart above, the situation differs significantly in terms of achieving universal access to formal childcare services. Ensuring universal accessibility to ECEC entails a commitment from public authorities to provide guaranteed placement for any child in the appropriate age range whose parents seek enrollment. Within the framework of a legal entitlement, children possess a fundamental right to ECEC, without being legally obliged to attend. Generally, a lower age of legal entitlement signifies that parents can conscientiously rely on public childcare services at an earlier stage in order to successfully balance their working and familial responsibilities. Conversely, in instances where there is a lack of legal entitlement, families are subject to the discretionary decisions of local governments and authorities in regard to the allocation of formal childcare services. This results in a scenario in which families may either secure a place for their child if there are ample services available or be unable to do so if there is a deficit in such facilities.

The ECEC system in Poland is comprised of two primary segments: nurseries and children's clubs for children under the age of 3, and kindergartens or kindergarten points for children between the ages of 3 and school-age. As per a legal mandate implemented in 2017, children aged 3-5 have the right to attend either a kindergarten (*'przedszkole'*), a pre-school class at a primary school (*'oddziały przedszkolne w szkołach podstawowych'*), or other ECEC settings (such as *'zespoły wychowania przedszkolnego'* and *'punkty przedszkolne'*). Although participation in ECEC programmes remains voluntary for this age group, attendance becomes mandatory once a child turns six. The enrollment landscape for pre-school age children has witnessed marked improvements over recent decades. In the early 21st century, Poland's kindergarten attendance rate lagged significantly behind other member states of the EU. While the majority of Western European nations recorded attendance rates ranging from 70% to 100%, the corresponding figures for Poland were a mere 30%. Disparities were particularly pronounced between urban and rural areas, with 52.3% of children attending kindergartens in cities, compared to a mere 16.7% in rural areas.⁶²

However, by 2021 the enrollment rate for children aged between three and six years has risen to 90.4%, with various forms of pre-primary education being made increasingly accessible. It is noteworthy that a majority of these educational establishments, approximately 68.9%, are administered by public institutions and organisations. Nonetheless, regional discrepancies remain significant in this demographic, with Kujawsko-Pomorskie (Kuyavian-Pomeranian) and Warmińsko-Mazurskie (Warmian-Masurian) regions or 'voivodeships' recording preschool participation rates below 88%.⁶³ In Poland, the attendance of kindergarten is provided free-of-charge for a minimum of five hours per day. Subsequently, the allocation of additional 'free' hours beyond this timeframe, if available, and the corresponding fee for exceeding the allotted time is determined by the respective local authorities. In cases where a specific preschool experiences an excess of demand, a situation frequently observed in urban settings with a positive reputation, the process of allocating limited enrollment slots is guided by a system of priority points, assigned on the basis of multiple criteria, encompassing residential proximity and pupil age. It is customary for precedence to be given to older pupils, such as those aged six, as opposed to younger pupils aged three, as well as to pupils residing within the municipal area.

The predicament faced by children under the age of three poses a greater degree of concern. For Polish families with young children, the longstanding difficulty of securing suitable and reasonably-priced formal daycare services has been a significant challenge. Prior to the year 2011, there had not been any significant reforms in the realm of childcare services specifically targeted towards children under the age of three. This lack of reform was a result of retrenchment in the post-Soviet era, which saw a gradual decrease in municipalities offering available space at crèches or nursery wards, declining from 13% in the mid-1990s to 9% by 2010. In the year 2011, significant strides were taken towards addressing insufficiencies in childcare facilities with the enactment of the framework Act on care for children under three years of age, also known as the "crèche" law (*'ustawą "żłobkową"'*).⁶⁴

Along with this law, the Toddler (*'Maluch'*) Programme was implemented, aimed at enhancing authorities' efforts in combatting underdeveloped childcare settings. This programme granted state funding to municipalities and private entities, covering up to 80% of the expenses for establishing childcare centres for children under three years old. Within a span of five years, more than 2000 new facilities were established throughout Poland, resulting in a significant increase in coverage rates from 2.5% in 2010 to 9.3% by 2016.⁶⁵ In February 2017, the implementation of an enhanced edition of the programme, known as Maluch plus ("Toddler Plus"), was announced, with an annual budget of 151 million Polish zlotys (equivalent to approximately 35 million Euro). Subsequently, in late 2022, a new iteration of the Maluch+ programme commenced, operating within a multiannual financial framework until 2029, and with a total budget of PLN 5.5 billion. The primary objective of this programme is to create around 102,000 care spaces, representing 40-50% of the current capacity.⁶⁶

The programme's funding comprises three sources, namely State Budget resources, funds from the National Recovery and Resilience Plan (NRRP), and European Funds for Social Development. Notably, the resources from Maluch+ 2022-2029 are primarily allocated to municipalities, which receive guaranteed funds utilised for the establishment of care places at existing or new institutions, as well as the associated operational expenses over a 36-month period. According to recent data, as of December 2021, the distribution of childcare places for children up to the age of 3 reveals that private sector facilities comprise the majority, at approximately 61%. On average, there are 33 places available per nursery in the private sector, while in the public sector, the average number of places is significantly higher, at 66. Regional variations in childcare enrollment also persist, with the Western voivodeships of Dolnośląskie (Lower Silesian) and Lubuskie (Lubusz) exhibiting the highest rates of formal childcare enrollment, ranging from 20% to 23%.⁶⁷

While a legal entitlement to ECEC is not in place in Italy, participation in services catering to 3-6 year olds (*'scuola dell'infanzia'*) remain

remarkably high, with all regions reporting rates above 95%. Notably, approximately 60% of ECEC services attended by this age group are under the direct responsibility of the State (through the Ministry of Education, University and Research). State-managed schools offer attendance free of charge, whereas municipal and confessional settings, generally subsidised by either national or regional funds, may require a modest participation fee. The absence of a legal entitlement places no obligation on national or local public authorities to establish an ECEC system with equal access nationwide. While this disparity has not resulted in a significantly uneven development of 3-6 settings across the country, the lack of a legal commitment to provide a minimum level of service has had significant repercussions on the growth of daycare and nursery facilities for children under three. Indeed, the development of such services has exhibited greatly uneven trends among regions. While some regions boast well-developed and widely available settings, others suffer from considerable disparities or a complete dearth of such services. This considerable variation in supply levels among different Italian territories highlights a localised expansion dynamic without a cohesive framework in place.⁶⁸

By the end of 2020, Italy had around 13,500 active early childhood education services for the under 3, with over 350,000 authorised places, of which 49.1% were in public facilities. National coverage remained stable around 27%, despite a slight decrease in supply due to the COVID-19 pandemic, coverage rates remained relatively stable. This stability can be attributed to a decline in births and a consequent reduction in the number of potential beneficiaries. Significant disparities in territorial coverage continue to exist, particularly between the Northern and Central regions compared to the South. According to data from the conclusion of 2020, the North-East and Central Italy regions have exceeded the 33% participation rate set by the 2002 Barcelona target for children under three years old, with rates of 35% and 36.1%, respectively. The North-West region is slightly below the target, but not significantly so, with a rate of 30.8%. However, the Islands (15.9%) and the South (15.2%), while showing some improvement, still significantly trail behind in reaching this target.⁶⁹

In terms of educational provision, the majority of southern regions exhibit a below average proportion of places in municipal education services, along with a lower mean municipal expenditure per child compared to the nationwide norm. In stark contrast, central-northern regions with coverage rates surpassing 33% boast a robust and sizeable public provision. Municipal expenditure remains significant, not solely for the administration of municipal crèches, but also through agreements with non-profit private services.⁷⁰ The affordability of day-care services, closely tied to enrollment and monthly fees, is another critical factor in the work-life balance of families. In Italy, the implementation of fee structures in public nurseries and crèches typically considers the households' income levels, leading to a highly diverse situation across the country.⁷¹

Families with very low incomes are often exempt from fees, but those with average incomes can pay up to 500 Euro per month. The average cost for a public nursery for a typical Italian family consisting of two adults and a child aged 0-3 years amounts to approximately 300 Euro per month. This amounts to a total of 3,000 Euro for ten months of attendance, as most Italian public nurseries are closed for certain summer months. Furthermore, the cost of municipal nurseries varies across different regions. The regions with the lowest fees are Calabria and Molise, with an average monthly fee of 170 Euro, followed by Sardinia and Sicily, with fees of around 210 Euro. On the other hand, the regions with the highest fees for municipal nurseries are Trentino (470 Euro), Valle d'Aosta (400 Euro), and Lombardy (370 Euro).⁷²

Comparable to the situation in Italy, Belgium (Flanders) also demonstrates a high level of participation in 3-6 preschool services ('*Kleuterschool*'), with the additional safeguard of a legal provision granting children access to such services at the age of 30 months. This dedication to promoting equal access to early education is evident in statistical data, revealing that in the academic year of 2018-2019, a notable 96.5% of three-year-olds were enrolled in preschool for a minimum of 150 days, while an impressive 94.9% attended for a minimum of 250 days.⁷³ Regarding ECEC services for children between the ages of 0 and 3, Belgium and the Flanders region exhibit notably high levels of participation in comparison to the rest of the European Union. In 2022, there was a commendable rate of 44 childcare places for every 100 children in this age bracket. It is worth noting that a considerable proportion of children born in 2019, specifically 21.5%, began attending formal childcare between the ages of 2 and 4 months, while 36.9% commenced between 4 and 6 months. Furthermore, it is noteworthy that almost 60% of children who utilise childcare services initiate this arrangement within the first 6 months of their lives.⁷⁴

Despite these comparatively high participation rates, the issue of daycare participation has remained a prominent topic on the Flemish political agenda for a period of at least 15 years.⁷⁵ This concern is largely motivated by the acknowledgement that marginalised social groups encounter obstacles in accessing such services when compared to more privileged households. Indeed, a significant association has been identified between family income and

BOX 2. Day-care Allowance in Italy

Since 2016, the allowance for day-care and home-care support ('*Bonus per asilo nido e forme di supporto presso la propria abitazione*', commonly known as '*Bonus Nido*') is a voucher that provides financial assistance to eligible families for the payment of childcare expenses for children under three. It is available for both public and private daycare centres, as well as home care arrangements, specifically for children under three years old with serious chronic illnesses. The voucher is designed along the lines of a targeted monthly allowance to compensate the income loss caused by high enrolment fees and the cost of home care specialist assistance.

formal childcare uptake, with higher rates of consistent use demonstrated by affluent families and difficulties encountered by disadvantaged families in accessing such services on a regular basis. The employment status of parents also appears to significantly impact the regular usage of childcare services, with the work status of the mother being a more influential factor than that of the father.

In addition, families with both parents employed exhibit the highest rates of regular childcare usage, whereas those with neither parent in employment demonstrate the lowest rates. Of further interest is the observation that families with a mother of non-Belgian origin display disparities in utilising childcare, with lower rates of regular engagement with formal and/or informal care compared to families with a mother of Belgian origin.⁷⁶ Affordability of childcare services continues to represent a significant barrier, with a considerable percentage of families, 31.5%, citing the high cost of daycare centers as the primary reason for their lack of utilisation. Despite this, in the region of Flanders, Belgium, childcare services catering to children aged 0-3 years old are subject to substantial government subsidies, potentially offering relief to families facing financial constraints.

These subsidies are distributed through three distinct stages of funding allocation. Firstly, there is the basic subsidy, or '*basissubsidie*', which is granted to childcare facilities that operate a minimum of 220 days per year. Secondly, the income-based subsidy, or '*subsidie inkomenstarief* - IKT, takes into account the financial means of the family, and prioritises children from certain backgrounds. In particular, it aims to provide support to vulnerable families, with a minimum of 20% of children in care being from such households. Finally, the plus subsidy, or '*plussubsidie*', provides financial support to childcare facilities that cater to disadvantaged families, with at least 30% of children in care being from such backgrounds.⁷⁷ As of the year 2022, the distribution of government subsidies for childcare services can be categorised as follows: 8,553 places (9.1%) are not currently receiving any subsidy, 16,582 places (17.7%) solely benefit from the basic subsidy, 65,926 places (70.2%) benefit from both the basic subsidy and the

subsidy for income rate, and 2,831 places (3.0%) receive the basic subsidy, the subsidy for income rate, and the plus subsidy. It is noteworthy that there has been a notable decrease in the number of unsubsidised places between 2021 and 2022, largely due to recent expansion rounds which have granted the basic subsidy to previously unsponsored places.⁷⁸

Finland and Germany diverge from the previous country case studies in two distinct respects. Firstly, their governance structures exhibit a key distinction in that they do not have split ECEC systems characterised by "childcare-type" settings for children under three years and pre-primary education for those aged three to compulsory schooling age. The second difference pertains to the age at which children become entitled to a place in ECEC, which is markedly lower in these countries and is not aligned with the beginning of pre-school education. Rather it correlates with the conclusion of the parental leave period. In Finland, the recent Leave reform of 2022 has introduced changes to the Act on Early Childhood Education and Care. Under the new framework, the entitlement to ECEC now commences when the child reaches the age of nine months, as opposed to the previous arrangement where the entitlement was granted at the end of the designated parental leave period.

The operational and opening hours of ECEC centres are at the discretion of each municipality, guided by local requirements. These centres have the flexibility to either administer these services directly or procure them from external sources. Generally, the duration of a child's stay at an ECEC centre does not surpass 10 hours. In order to support families with parents who work shifts, municipalities are also required to provide evening, overnight, and weekend care services.⁷⁹ According to data from Statistics Finland's ('*Tilastokeskus*') yearly reports, the number of children enrolled in public early childhood education and care (ECEC) services in 2021 was approximately 230,600.⁸⁰ Of this number, the vast majority (93%) were enrolled in day-care facilities ('*päiväkotit*'), while 4.5% attended family day-care ('*perhepäivähoito*') and 1.5% were enrolled in group family day-care ('*ryhmäperhepäivähoito*').⁸¹

It should be noted that ECEC services in Finland are largely provided by municipal authorities, with a small proportion delivered by private providers. Over time, there has been a notable increase in the prevalence of daycare participation, while the utilisation of family day-care has experienced a decline. Specifically, in 2000, municipal day-care activities catered to 131,900 children, a figure that rose to 179,500 children in 2021. Conversely, the number of children benefiting from family day-care decreased from 68,600 in 2000 to 10,900 in 2021. Moreover, the rates of participation in ECEC services vary according to the age of the child, with a progressive increase observed as the child grows older. Notably, in 2021, the participation among children under one year old was minimal, with less than 1% of this age group involved in ECEC services. However, this figure rises significantly to 38.2% among one-year-old children and further increases to 69.6% among children aged between two and three years.⁸²

The participation rates show a significant surge to 87% among children aged three to five years. Regarding the issue of affordability in municipal full-time ECEC services, the monthly fees range from 0 to 295 Euro and are determined based on the household size and income. These fees cover the costs of meals and learning materials. In contrast, part-time fees tend to be lower. Whereas low-income families are exempt from paying fees in public settings, those who opt for private providers may face higher costs. In an attempt to address affordability concerns, there was a 33% increase in income thresholds for fee calculations in March of 2023. This measure aimed to improve the financial capacity of families with young children and provide assistance to low- and moderate-income households, taking into account the escalating costs of living and electricity prices. It is anticipated that the reduced fees will promote a higher rate of participation in early childhood education and care. As a result, around 30,000 families will now qualify for free access to these vital services, improving overall accessibility.⁸³

The German context bears some similarities to that of Finland with regards to the gradual reduction of the legal age of entitlement to education, care, and upbringing (*'Rechtsanspruch auf Bildung, Betreuung und Erziehung'*). The

implementation of this entitlement began in 1996, with the provision of a legal right to attend a kindergarten for children aged 3 and above. Subsequently, the Day Care Development Act (*'Tagesbetreuungsbaugesetz'*, TAG) of 2005 mandated local authorities to establish day-care facilities for children aged 0 to 14 months.⁸⁴ In 2008, the Childcare Funding Act (*'Kinderförderungsgesetz'*, KiföG) further solidified the right to childcare slots for all preschool children aged 1 and above, to be implemented by 2013.⁸⁵ This entitlement encompasses all forms of organised day-care for children (*'Tageseinrichtungen für Kinder'*). The ownership structure of these facilities is diverse, with municipal authorities (*'kommunaler Trägerschaft'*) responsible for slightly over one-third of the facilities, while the majority are managed by non-profit organisations (*'freigemeinnütziger Trägerschaft'*), primarily welfare associations.⁸⁶

Over the past decade, there has been a significant proliferation of ECEC facilities throughout Germany. As of 2021, the number of approved daycare places in the country surpassed 4 million, representing an increase of 20% (approximately 800,000 places) within a span of 15 years.⁸⁷ The expansion of ECEC across Germany's various regions or *Länder* has not been uniform, with the majority of new places (610,000) being concentrated in Western Germany. Bavaria alone accounted for more than one-third of these additional spots. Regional discrepancies can be attributed to the higher initial number of childcare facilities in Eastern Germany, as well as the relatively more robust population growth among children under the age of 3 in Western regions (a 19% increase since 2011) as compared to the East of the country (which only saw a 4% growth). Notably, an ongoing increase in the number of daycare centres has been observed across Germany (excluding extracurricular after-school settings). As of March 2021, there were nearly 55,000 childcare centres in operation, marking a rise of approximately 9,500 since 2006. In terms of progress, three *Länder* have seen particularly noteworthy developments: namely Bavaria (accounting for an additional 2,200 daycare centers), Baden-Württemberg (which saw an increase of 1,700 centers), and North Rhine-Westphalia (boasting a growth of 1,300 centres).⁸⁸

The regional variations in the expansion of ECEC services in Germany, particularly those pertaining to the enrollment of children under the age of three, provide significant insights into the historical development of these services. Coverage differences were apparent for the under 3s, with only 2% of one- and two-year-olds in the former West having access to out-of-home care compared to 56% in the former East. Attendance rates for three- to six-year-olds were similar in both regions, with about 8 out of 10 children attending a formal kindergarten. However, there were discrepancies in operating hours, with East centers offering longer hours (6 am to 6 pm) compared to the majority of half-day services in the West. Only 17% of West ECEC centers provided full-day options for three- to six-year-olds, similar to those offered in the East.⁸⁹ Prior to 2006, only Hamburg and Saarland in the West recording a participation rate of more than 10%. In contrast, the situation in the East was notably different, with only Sachsen recording a participation rate below 35%, while three other territories, namely Brandenburg, Mecklenburg-Vorpommern, and Sachsen-Anhalt, reported participation rates exceeding 40%. However, after a period of 15 years, the dynamics of ECEC participation have undergone considerable changes, resulting in a reduction in the disparity between East and West. As of 2021, all western territories have achieved or surpassed a participation rate of 30%, although variations between the two regions still persist.⁹⁰

In the year 2021, about 810,000 children below the age of three were registered in either a day-care centre or a home-based day-care programme ('*Kindertageseinrichtung*' or '*Tagespflege*,' respectively), equivalent to a nationwide rate of 34%, well beyond the European average.⁹¹ However, significant disparities in enrollment rates among various socio-economic groups continue to exist.⁹² Based on research data collected from the German National Education Panel Study, spanning from 2003/2004 to 2015/2016, children born to mothers with a university degree exhibited the highest enrollment rates in day-care centres between the ages of one and two. The percentage of children enrolled in such programmes by this group has risen from 25% in 2005 to just under 50% in 2016.⁹³

This increase has surpassed that seen in children of mothers with lower levels of educational attainment, even after the implementation of the legal entitlement to early childhood education in 2013. Notably, in 2021, 43% of children aged zero to two without a migration background were enrolled in either a day-care facility or a home-based programme, while only 21% of their counterparts with a migration background utilised such services. This disparity is particularly pronounced in the East of Germany, where the gap reaches as high as 31 percentage points.⁹⁴

Notable disparities also exist in the availability of ECEC services between urban and economically developed regions versus sparsely populated rural regions. While variations in participation rates of three to five-year-old children in ECEC are minimal across regions, enrollment rates for infants and toddlers aged 0 to 2 show more significant divergence.⁹⁵

Disadvantaged families, in particular, are more likely to report a lack of available day care options for children under three due to differences in service provisions among municipalities and residential areas. These disparities are further exacerbated in deprived residential regions, where the shortage of ECEC services is even more severe than in other areas. The reality is that the geographical location of a family greatly influences the accessibility and quality of ECEC services for their children, with particularly detrimental effects for families living in poverty.⁹⁶ This issue is further compounded by the tendency of parents to select day care facilities in close proximity to their residence, a trend that is especially prominent among children from socioeconomically disadvantaged backgrounds, those with a migration background, and those from low-income households.⁹⁷

Financial considerations are clearly a major factor in relation to access to day-care for different social groups. Germany implements public subsidies which vary across its Länder, municipalities and ECEC settings. While some Länder have either no or very minimal parental contributions for day care, in other states, particularly for children under 3 years old, the average contribution exceeds 200 Euro. On average, parents in western German Länder pay significantly

more per month (288 Euro) compared to their counterparts in eastern German Länder (117 Euro).⁹⁸ Furthermore, parents whose incomes meet certain requirements are exempt from fees. While these regulations make it less expensive for socio-economically disadvantaged families to engage in ECEC activities, the financial burden still poses an obstacle. According to a survey conducted in 2020, childcare costs represented a barrier to daycare participation for 18% of the parents with children under the age of three.⁹⁹

Starting in 2019, the Federal Government has been providing additional funding to the Länder in order to improve day-care quality standards nationwide, and promote equal living conditions for children throughout the country. Through the enactment of the so called '*Gute-KiTa-Gesetz*' (lit. 'Good Child Day Care Act'), or '*Gesetz zur Weiterentwicklung der Qualität und zur Teilhabe in der Kindertagesbetreuung*' ('Act on the Further Development of Quality and Participation in Child Day Care'), the Federal Government allocated approximately 5.5 billion Euro for this purpose until 2022.¹⁰⁰ One of the primary areas of focus highlighted by the '*Gute-KiTa-Gesetz*' was the improvement of the day-care system in Germany, including reducing parental fees.¹⁰¹

The utilisation of federal funding allocated for quality enhancement as a means to decrease fees was a subject of considerable controversy upon the passing of the legislation. This approach was viewed by numerous stakeholders as a significant misallocation of resources in light of the legislation's focus on quality. The 2022 Second Act on the Further Development of Quality and Participation in Child Day Care, commonly referred to as the Day-Care Centre Quality Act ('*KiTa-Qualitätsgesetz*'), allocated an additional 4 billion Euro to the Länder for the years 2023 and 2024. Under its framework, previous measures adopted by the Länder in 2019 to decrease parental fees, as part of the *Gute-KiTa-Gesetz*, may be sustained, while new initiatives intended to decrease fees would no longer receive federal funding.¹⁰²

3.3 Beyond leaves and childcare: allowances and part-time employment as supplementary tools to bridge the childcare gap

The term "childcare gap" refers to the time period during which parents are unable to receive adequate compensation for parental leave and before they have the legal right to enroll their child in formal childcare services. In order to alleviate the strain placed on households during this time additional measures can be however beneficial. European Union member states have demonstrated a proclivity for implementing supplementary policies that provide support for parents with a newborn, including child allowances and flexible working arrangements. These policies exhibit significant heterogeneity across countries. Rather than bringing them under a single overarching category, the present section aims to highlight specific measures adopted by individual case study countries that seek to elevate the level of flexibility and available options for families in the postnatal period. These policies strive to expand the breadth of choices open to parents, surpassing the traditional duality of (i) parental leave for caregiving at home and (ii) reintegration into the workforce aided by daycare services.

The Belgium care-related employment leave system stands out in Europe due to its distinctive career break framework, known as '*loopbaanonderbreking*', or time-credit system ('*tijdskrediet*'). This framework supplements parental leave by offering additional options for employees to take extended and protected breaks from their employment, either on a full- or part-time basis.

The career-break system has undergone significant changes since its implementation in 1985, providing employees with an efficient means to manage their time throughout their careers. In 2002, the private sector adopted the time credit system, which enables employees in

companies with at least 10 workers to temporarily suspend their work for up to 48 months or work on a half-time or 4/5 basis. This evolution has afforded employees with increased flexibility and the ability to effectively balance their personal and professional commitments by taking extended breaks or adjusting their working hours.¹⁰³ The Time Credit with motive/career break system is specifically designed for individuals to care for a child under the age of eight (or a disabled child up to the age of 21), provide palliative care, or tend to a seriously ill family member. The amount of payment received under this system varies based on factors such as age, marital status, and years of employment. For individuals with at least five years of employment, the maximum monthly payment for a full-time break is approximately 570 Euro after taxes. To qualify for payment, employees must have two years of prior employment with the same employer.¹⁰⁴

Since January 2019, Belgium's regions each implemented their own system of family allowances, known as '*Groeipakket*' in Flanders ["growth package"].¹⁰⁵ This program, overseen by Opgroeien agency, offers a comprehensive range of benefits and allowances. Divided into four components, the package includes three universal allowances, two means-tested measures, three participation-focused bonuses, and three care-related allowances for children with special care requirements. The first component, universalist, provides a one-time maternity allowance ('*startbedrag*') of approximately 1100 Euro, a monthly "basic" child benefit ('*basisbedrag*') of 170 Euro, and a yearly school allowance ('*schoolbonus*') between 20 and 65 Euro depending on the child's age. These transfers are available to all families, regardless of income. The growth package also offers means-tested benefits, including a monthly social allowance ('*sociale toeslag*') paid per-child ranging from 35 to 100 Euro based on income and family size, as well as a support allowance ('*ondersteuningstoelage*') of approximately 330 Euro for children with severe disabilities, effective as of January 2023. The participation component consists of a childcare allowance ('*kinderopvangtoelage*'), kindergarden allowance ('*kleutertoelage*'), and school allowance ('*schooltoelage*') while the care-related allowances

include a Careallowance for children with specific support needs, an orphan allowance, and a foster care allowance.¹⁰⁶

A noteworthy feature of the present German system is the focus it puts on part-time arrangements for parents during their child's early years. The Federal Parental Allowance and Parental Leave Act (BEEG) of 2007, previously referenced, has been implemented in Germany to replace the means-tested child-raising benefit ('*Erziehungsgeldes*') with the currently operating income-related allowance ('*Elterngeld*').¹⁰⁷

Notably, with the 2015 amendment, the German parental leave system has been modified to provide added flexibility, allowing eligible parents to choose between the Basiselterngeld and ElterngeldPlus options, or to utilise them consecutively. Basiselterngeld is exclusively available for the initial fourteen months following the birth of a child. It is pertinent to mention that maternity leave benefits, received during the compulsory eight-week period of maternity leave, are deducted from the overall duration of the parental allowance. Consequently, the effective duration of Basiselterngeld for mothers is reduced to ten months (twelve months for single mothers).

As of 2015, the option of ElterngeldPlus has been made available to parents. This alternative is specifically geared towards partners who both work part-time within a designated timeframe. In such circumstances, the benefits can be extended for a maximum of 24 months, with a disbursement equivalent to half of the regular allowance. Therefore, ElterngeldPlus is paid at half the rate of Basiselterngeld, which in itself serves as a replacement for the previous year's salary at a rate of 65%. The general framework of the system operates as follows: parents can convert one or multiple (up to 14) reference months of basic parental allowance ('*Bezugsmonat Basiselterngeld*') into reference months of parental allowance plus ('*Bezugsmonate Elterngeld Plus*'), for a combined maximum of 28 reference months. ElterngeldPlus months function as regular monthly allowances, however, they can be extended for twice their duration when coupled with part-time employment. This effectively extends the maximum entitlement period from

14 to 24 (or 28) months and addresses the issue of “double consumption” of parental allowance in cases of part-time employment.¹⁰⁸

The Finnish leave scheme incorporates a prominent element known as the *‘kotihoidon tuki’*, or home-care allowance, which allows parents to either place their children under 3 years of age in subsidised day-care or personally care for them at home. The main source of funding for this allowance is derived from municipal taxation, supplemented by a 25 percent contribution from the state.¹⁰⁹ This benefit is primarily utilised by families in which one parent assumes the role of the primary caregiver, with a small proportion opting to hire a private caregiver or engage a private daycare provider.¹¹⁰

The home-care allowance is comprised of two components: the fixed-rate care allowance (*‘hoitoraha’*) and the income-tested care supplement (*‘hoitolisä’*). In addition, municipalities have the discretion to offer a supplementary municipal bonus (*‘kuntalisä’*) to further support families receiving the childcare allowance. The care allowance is not based on income and is paid for each child individually. It is available to any parent, regardless of their employment status, as long as their child is not enrolled in a childcare service provided or funded by the local authority. The amount of the allowance varies according to the child’s age, with those under 3 years receiving 377.68 Euro per month and an additional 113.07 Euro per month for each additional child in that age bracket. For children over 3 years of age but not yet in school and solely attending pre-primary education, the care allowance is 72.66 Euro per month.¹¹¹

The care supplement (*‘hoitolisä’*) is subject to means-testing and is dependent on the family’s size and gross income. The maximum amount of the care supplement is 202.12 Euro per month and is only paid for one child. A family may receive the full amount if their monthly income does not exceed a specific threshold.¹¹² The home-care allowance has been the subject of both praise as a vital resource and scrutiny for its potential to perpetuate unequal socio-economic outcomes and propagate disparities based on gender. Its implementation in 1985 was met with significant controversy, with detractors contending that it ran

counter to broader policy goals of empowering women and increasing their participation in the workforce.¹¹³

Supporters of the programme argued that it provided parents with state-supported freedom to choose between family-based and institution-based care, extending childcare support to all families - particularly those residing in rural areas where access to formal daycare facilities may be limited. Additionally, advocates emphasised the potential of the measure to decrease the overall financial burden on the public for childcare expenses. They also highlighted how prioritising “home-care” with all its beneficial qualities, would ultimately serve the best interests of the child.¹¹⁴

However, criticisms of the allowance have persisted over time. Beyond concerns about gender equality, the policy has been identified as a potential poverty trap, especially for unemployed or underemployed women with lower levels of education. This is due to the long absences from the workforce and resulting low income, which can persist throughout a woman’s life-course. Mothers who stay at home for extended periods to care for their children have been observed to have lower educational attainment and weaker labour market status compared to mothers who spend shorter periods on home care allowance. Moreover, long durations of home care allowance among non-employed mothers at the time of childbirth have been seen to lead to weaker labour market attachment and breaks in working life, particularly if the generous municipal increment to the home care allowance, which varies across Finnish municipalities, adds to the economic incentive of choosing home care.¹¹⁵

Child allowances and benefits have emerged as a primary focus of family policy in Poland in recent times. The combination of these initiatives serves as a valuable supplement to the existing parental leave structure by providing families with essential financial assistance during the postnatal period, and often extending beyond it for a substantial duration.¹¹⁶ It is pertinent to provide a succinct overview of the policies enacted in Poland to extend benefits to families with young children. Specifically, the *‘Becikowe’*, or Maternity Grant, is a one-time monetary subsidy of PLN 1000 (216 Euro) that is available to families with a net

household monthly income below PLN 1922 (417 Euro). To avail this grant, applicants must submit relevant documentation to their Municipality Office or Municipal Social Welfare Centre within a year of the child's birth. Additionally, evidence must be presented to confirm that the expectant mother received medical supervision from a gynecologist, obstetrician, or midwife by the tenth week of pregnancy. This requirement not only ties eligibility for the benefit to preventative measures taken at an early stage but also incentivises expecting mothers to prioritise their health and ensure proper monitoring during pregnancy.¹¹⁷

In addition to the Becikowe, the '*Za Życiem*' birth grant, introduced in January 2016 under the *Za Życiem* legislation to support families with a child who has a medical certificate validating a severe and irreversible disability or incurable life-threatening disease,¹¹⁸ since 2023 has been providing a one-time allowance of PLN 4000 (867 Euro). Similarly, this grant is subject to the condition that the mother has received medical supervision during the first ten weeks of pregnancy.¹¹⁹

The '*Kosiniak*', or Parental benefit, caters to parents who are ineligible for maternity benefits. This category includes students, unemployed individuals, and those employed under civil law contracts without voluntary sickness insurance. Additionally, individuals engaged in non-agricultural economic activities may also apply for this benefit if they do not qualify for maternity allowances. The monthly sum of the parental benefit amounts to PLN 1,000. In cases where a woman gives birth while receiving unemployment benefits or the month following its completion, she will receive the parental benefit, which is the difference between the parental benefit and unemployment benefit received, minus the advance payment for personal income tax.¹²⁰

The '*Rodzina 500 plus*' (Family 500+) Child Benefit programme, initially introduced in 2016 as a means-tested monthly allowance for the first child and later expanded in 2019 to include all children, till the age of 18, irrespective of birth order, serves as a universal unconditional benefit.¹²¹ Further elaboration on perinatal care is provided in the subsequent section.

In another pro-natalist measure, the '*Rodzinny Kapitał Opiekuńczy*' (Family Care Capital) came into effect in January 2022. This benefit is available to families with a second or subsequent child, and can be claimed from the month the child turns 12 months old until they reach 35 months of age. The amount, either PLN 500 or PLN 1,000 per month, is applicable for 24 or 12 months, respectively, with a maximum total entitlement of PLN 12,000 per child, independent of household income. This additional support system aims to facilitate striking a balance between parenthood and work commitments.¹²²

The measures mentioned exhibit a clear governmental agenda to allocate resources towards the family, placing the responsibility of care for newborns predominantly on them. This expectation exceeds the conclusion of the parental leave period and mirrors the approach taken by the Polish authorities, in prioritising financial transfers to families rather than investing in formal daycare services, which are considered more conducive to achieving work-life balance. Like the Finnish home-care allowance, this strategy has raised concerns regarding its impact on gender equality.¹²³ Furthermore, despite the apparent generosity of such policies, they have the potential to create a poverty trap, particularly for women.

The implementation of the Universal Allowance for dependent children (known as the '*Assegno Unico Universale*', or AUU) in March 2022 marked a transformative moment for Italy's family financial transfer system. This measure, established through Law 46 on April 1, 2021, represents a significant shift in policy, with the aim of streamlining and simplifying measures supporting dependent children under a single and universal allowance.¹²⁴ The AUU allowance serves as a means-tested supplement to parental leave, providing economic support to families from the seventh month of pregnancy and up to the age of 21 (subject to certain conditions), with no age limit for children with disabilities. The amount of the AUU allowance is determined by the household's economic condition - assessed through the Equivalent Economic Situation Indicator (ISEE) - at the time of application. Factors such as the age and number of children, as well as any disabilities, are taken into consideration. The amount of the allowance

TABLE 5. Main family allowance measures in use in Poland (excluding maternity, paternity, and parental leave allowances), 2023

	TYPE	GENEROSITY	BEGINNING	FREQUENCY	DURATION
Family allowance <i>Zasiłek rodzinny</i>	Means tested	PLN 95: child up to 5 years old PLN 124: child btw 5-18 years PLN 135: child btw 18-24	Childbirth	Monthly	24 years ⁱ
One-off maternity grant <i>Jednorazowa zapomoga z tytułu</i>	Means tested	PLN 1000	Within 12 months of childbirth		One-off transfer
One-off grant for children with disability <i>Jednorazowa zapomoga na dziecko z niepełnosprawnością</i>	Universal	PLN 4000	Within 12 months of childbirth		One-off transfer
Parental benefit <i>Świadczenie rodzicielskie</i>	Means tested ⁱⁱ	PLN 1000	Childbirth	Monthly	52 weeks ⁱⁱⁱ
'Family 500+' allowance <i>Rodzina 500 plus</i>	Universal	PLN 500 per child	Childbirth	Monthly	18 years
Family Care Capital <i>Rodzinny Kapitał Opiekuńczy RKO</i>	Universal	PLN 500 - 1000 (depending on duration)	Year 1	Monthly	1-2 years

ⁱ Allowance may end if the child marries.

ⁱⁱ Allowance is reserved to individuals who, due to their employment status, are unable to utilize maternity leave allowance or pay. It is essential to note that if the monthly maternity benefit of parental leave is less than PLN1000, the parents will receive the difference.

ⁱⁱⁱ Duration can extend up to 71 weeks in case of multiple births

Source: own calculations based on: "Ministerstwo Rodziny i Polityki Społecznej - Portal Gov.Pl.", and: "Poland - Family Benefits." Employment, Social Affairs & Inclusion - European Commission.

varies according to the ISEE value, with lower values resulting in higher amounts.

The allowance is provided to eligible households in the following cases: for each dependent minor child from the seventh month of pregnancy for newborns; for each dependent adult child

up to the age of 21 who is attending school, vocational training, or university, participating in an apprenticeship or employment with an income below 8,000 Euro per year, registered as unemployed and seeking work, or performing universal civic service; and for each dependent child with disabilities, with no age limit. The AUU

allowance amount consists of a variable portion that ranges from 189.2 Euro for each minor child with an ISEE up to 16,215 Euro annually, to 54.1 Euro for each minor child with no ISEE or an ISEE equal to or exceeding 43,240 Euro annually. The amount may also increase for specific categories, including large households (after the second child), children up to one year old, children between 1 and 3 years old in households with at least three children, mothers under 21, households with four or more children, parents with employment income, and children with disabilities.¹²⁵

A key aspect of the reform was the reorganisation of existing instruments and the expansion of support to potentially all families, towards greater equity and inclusivity, replacing the fragmented and often inequitable system of child-related transfers that had accumulated in the country, which consisted of diverse criteria for access and purposes that often excluded economically disadvantaged families. With the introduction of the AUU Allowance, several previous birth support measures, such as the birth or adoption bonus, allowance for households with three or more minor children, family allowances for children and orphans, birth allowance, and tax deductions for children up to the age of 21, have been repealed as they are now absorbed by the AUU.¹²⁶

In parallel, the day-care and home-care support, commonly known as '*Bonus Nido*', is another government stipend that is specifically tailored to assist families in covering the expenses associated with daycare. This particular allowance was introduced in 2016 under Law 232/2016 and consists of a means-tested voucher that offers financial aid to eligible families for the purpose of paying childcare costs for children under three years of age. It may be utilised by both public and private daycare facilities, as well as by those who elect to arrange for in-home care, particularly for children under three who suffer from serious chronic illnesses.¹²⁷

The voucher follows a targeted monthly payment structure designed to compensate families for any potential income deficits caused by significant enrollment fees and specialised home care services. Unlike other allowances which were consolidated within the framework of the Family

Support Act discussed above, this remains a separate and distinct benefit. Initially set at an annual amount not exceeding 1,000 Euro, it was subsequently increased to a maximum of 3,000 Euro through Law n.160 passed in 2019. The specific sum received is contingent upon the ISEE component belonging to the child on whose behalf the benefit has been requested. Disbursed via eleven separate monthly installments, this allowance ranges between a minimum amount of 136.37 Euro and a maximum sum of 272.73 Euro per month.¹²⁸

3.4 Final remarks: the complex scenario of the childcare gap in Europe

The chapter has demonstrated the intricacies and interconnectedness of policies and regulations governing assistance for households after childbirth. Accordingly, when evaluating variations in the age of the legal entitlement to a place in ECEC, it is imperative to consider an additional crucial measure in family policy, namely the duration of childcare leave. The five case studies demonstrate a notable variation in the implementation of these two policies across Europe, due to distinct goals and methods in addressing the needs of infants and their parents. In some countries, emphasis is placed upon parental care within the home, accompanied by implementing incentives to promote extended periods of child-rearing. Conversely, other countries prioritise gender equality within the labour market through the early adoption of an institutional framework for childcare. Regardless of the specific focus, it is crucial to maintain harmony and coherence between these policies. To address the challenge of a childcare gap arising between the conclusion of the parental leave period and the start of legal entitlement to ECEC, numerous countries have implemented family allowances or policy frameworks promoting flexible and gradual re-entry to the workforce. The viability of these

schemes, ranging from universally accessible to means-tested programmes across divergent jurisdictions, warrants careful consideration in discussions pertaining to the childcare gap.

The current situation in the five case studies exhibits strong differences.

The issue of the childcare gap in Italy is a pressing concern within the larger framework of family support policies. While the legally mandated duration of post-natal leave ranges from 15 to 16 months, depending on the inclusion of additional months for fathers taking Parental Leave, only five months offer full compensation. Moreover, it should be noted that ECEC services are not guaranteed, despite the widespread attendance of preschool and kindergarten among the majority of children from the age of three. Even in a hypothetical situation where a family fully utilises the entire 5 months of 80% paid maternity leave and an additional 2 months of 80% compensated parental leave, there would still be a noticeable childcare gap from the child's seventh month onward.

Despite the availability of public preschool services for children aged 3 to 6 on a national level, eligibility only begins at the child's third birthday, leaving a gap of nearly two years without adequate coverage. The childcare gap assumes a particular salience within rural regions and the Southern area of the country, largely due to the very limited offer of day-care services targeting infants and toddlers under 3 years. The insufficient provision of these services in said regions amplifies the preexisting gap in childcare. Even in areas with relatively higher service coverage, however, the financial obstacle associated with daycare facilities represents a significant obstacle, despite recent efforts to mitigate this burden through implementation of bonuses aimed at supporting families financially. The introduction of the Bonus Nido, which operates as a form of progressive universalism and vertical redistribution, may also bring forth issues pertaining to equity. The distribution of resources facilitated by this allowance is reliant on the availability of services within a particular region, resulting in families residing in regions with

more comprehensive service provisions having a greater advantage in receiving the Bonus (given that enrollment in a day-care facility is required for eligibility). As such, families located in socio-economically disadvantaged areas experience limited access to public resources due to lower investments made by local administrations and restricted opportunities to benefit from governmental support initiatives.

Like in Italy, the childcare gap in Poland has been the subject of extensive media coverage in recent years. Despite this attention, there remains a discrepancy between the services available to parents and their actual needs. It is worth noting that, when considering solely the length of parental leave, specifically the time in which parents are safeguarded from employment termination, it can be posited that there is no childcare gap within Poland. Indeed, legal provisions allow for parents to take leave from work until their child reaches three years of age and is eligible for enrollment in kindergarten or children's club educational programmes. However, this does not consider those who cannot afford full-time care for their children until the age of three. Currently, Polish parents receive up to 70 percent of their salary during maternity/paternity and the first, well-paid, part of parental leave - however, this only lasts for one year and then drops off significantly after that period ends. This creates a 'real' childcare gap where families must pay out-of-pocket expenses for two years before their child can access free kindergarten services or subsidised all-day care options such as nursery schools and preschools. As this coverage leaves many workers unable to afford full-time alternative solutions due to financial constraints which could lead them towards taking informal jobs with lower wages instead of returning into regular employment.

Furthermore, if we examine the 'full-time' real childcare gap in Poland, we can see that even though three-year old children have a legal right to access public kindergartens, their entitlement only covers 5 hours of service each day. Therefore, parents are required to pay extra fees for the remaining hours, or to enroll their child in extracurricular part-time activities. In conclusion, the presence of significant childcare deficiencies in Poland cannot be disputed, despite the efforts of the government to address them through the

implementation of extended and more favorable parental leave policies, as well as incentives for preschool attendance. Despite the provision of substantial child allowances, the problem of a two-year gap between the termination of well-compensated leave and the legal eligibility for preschool enrollment remains unresolved. Furthermore, it is noteworthy that while public kindergartens offer five hours of free childcare for three-year-olds, it is predominantly private establishments that have spearheaded the recent expansion in preschool availability. This begs an important question of whether accessible and reasonably priced childcare options are genuinely accessible to families who may become entitled to these benefits after their children are three or five years old.¹²⁹

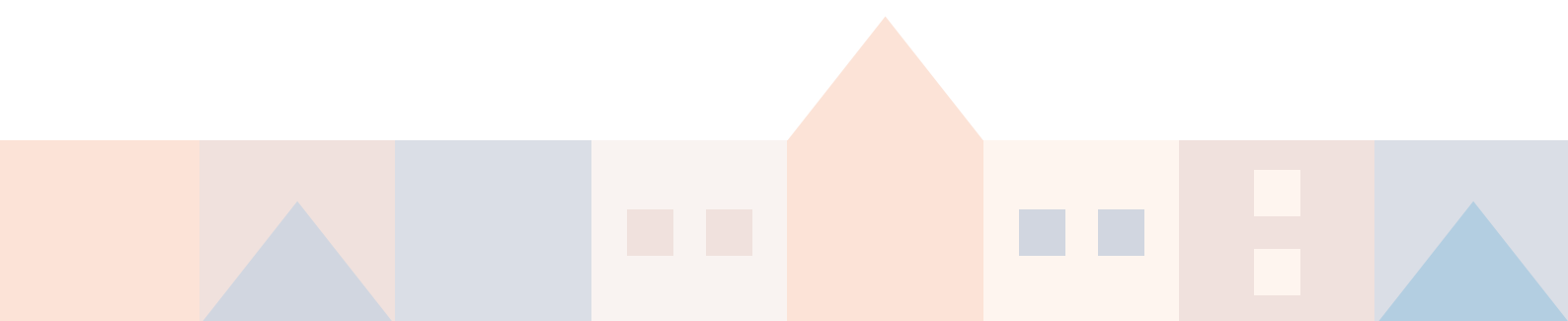
Similarly to the situation in Poland, the Belgian region of Flanders does not have a *formal* childcare gap, as there is no temporal disruption between the conclusion of the sum of Parental leave/Time Credit solutions and the start of eligibility for preschool services. Once children reach the legal entitlement to a place in ECEC at 30 months of age, they are granted access to cost-free services for 31.5 hours per week during term periods at a designated preschool establishment. This equates to over six hours daily. Nevertheless, these technical factors do not adequately reflect the practical reality of Flemish families. Although entitlement to preschool services ultimately begins, it does not occur until more than two years after the end of the adequately remunerated leave period. This results in a long 'real' childcare gap. Whereas the duration of paid post-natal leave can extend up to 51 months - with the full utilisation of the standard Time Credit allowance - the period of «adequate» remuneration is limited to just about four months, during the designated Maternity and Paternity leave periods following childbirth. In summary, although participation in ECEC is largely free once entitlement begins, the time gap between the end of well-compensated leave and the start of entitlement presents challenges for many families. Despite subsidies provided by the Flemish region, the high cost of childcare for children under 30 months remains a significant obstacle for families, particularly those with limited financial resources.¹³⁰

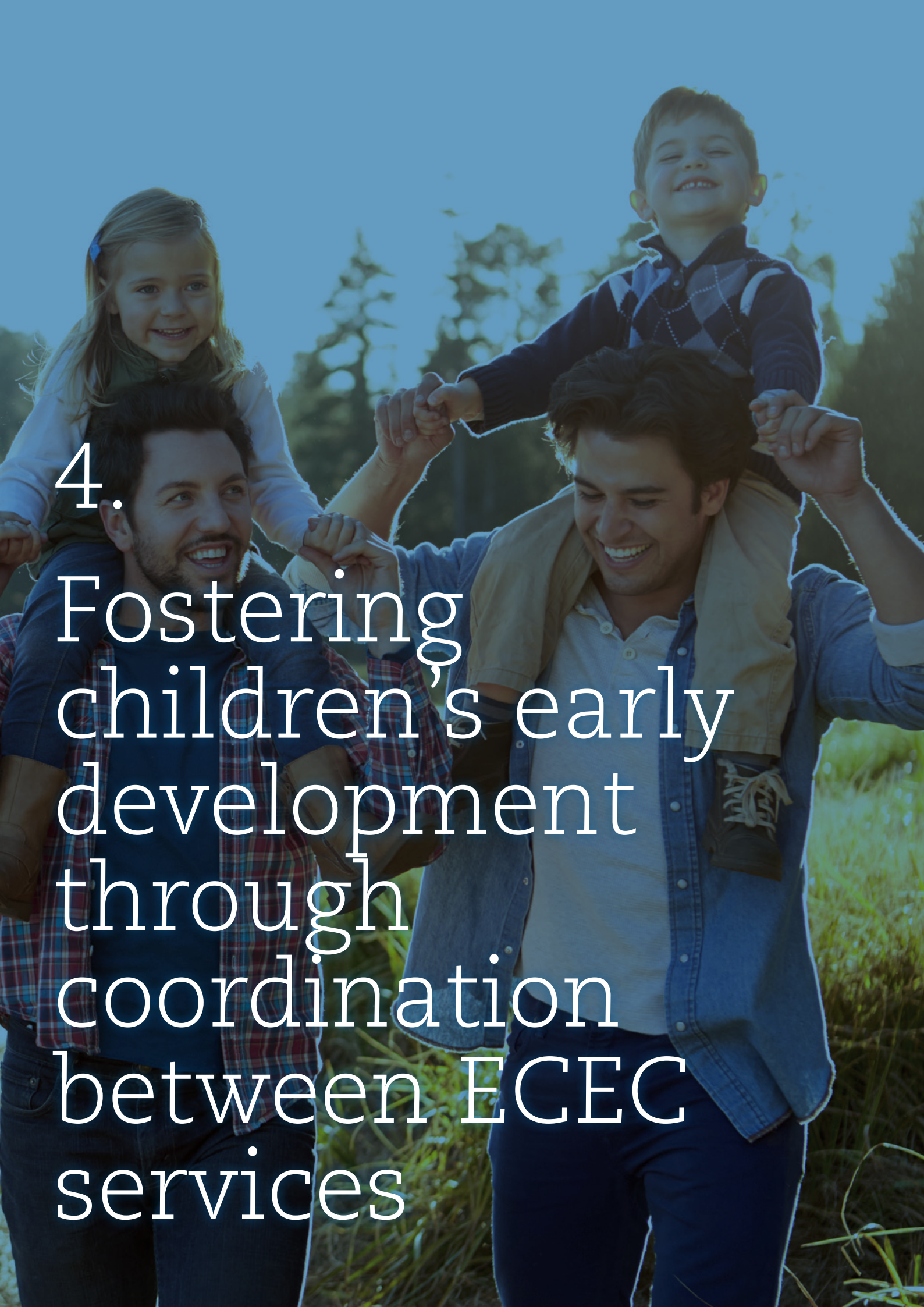
In Germany, post-natal leave can be extended for up to three years, with 12/14 months of the

period being fully compensated. This is in line with regulations governing ECEC entitlements, as children over one year of age are given a legal right to access daycare services - and thus there is no period without subsidised day-care arrangements after the conclusion of the well-compensated leave. However, data from the DJI Childcare Study ('*Kinderbetreuungsstudie*' KiBS) indicates that, in 2021, 26 percent of parents with children under three who expressed a need for formal day-care services revealed being unable to fulfill their demand. Ultimately, this translates into a significant 12 percent percent of households in need.¹³¹ In 2021 it was also reported that parents with one- or two-year-old children in Eastern Germany (who tend to prefer longer care times) were more likely to have their childcare needs met compared to parents in western Germany, where approximately 25 percent of parents with a child under the age of three stated that existing childcare arrangement did not adequately meet their requirements on a typical week.

These findings were in line with the 2018 survey conducted for the *DJI-Kinderbetreuungsreport*, which had revealed how over half of German parents with non-school-age children expressed a need for non-standard care hours, particularly before 8 am.¹³² Meanwhile, starting from 2019, a growing inclination has been reported among parents to seek part-time care options - although with considerable variations across Länder. Generally, what has been reported is a rising demand for half-day and extended half-day care slots, which can range from a maximum of 25 hours to more than 25 up to 35 hours per week. Conversely, the demand for full-day care services that exceed 45 hours per week, often referred to as "large" full-day care services, has diminished.¹³³ Despite the universal entitlement, families in Germany often face financial burdens when utilising early childhood services. However, official statistics do not provide sufficient differentiation based on socio-economic factors such as parental education, income, and occupational position. As a result, alternative data sources must be utilised to investigate potential socio-economic disparities in accessing day-care facilities.¹³⁴ A 2020 survey revealed that a significant proportion (18%) of parents with children under the age of three in Germany perceived childcare costs as a hindrance to their enrollment in daycare programs.¹³⁵

Of the five case study countries, Finland was perhaps the most successful in ‘closing’ the childcare gap. In Finland, the maximum duration of paid post-natal leave is 36 months - including the period covered by the low home-care allowance. Following the 2022 reform, the maximum period of highly paid leave (70 percent replacement rate as a minimum) has been extended to approximately 12.8 months after the birth, an increase from the previous 11.5 months. Notably, once a child reaches nine months of age, there is an entitlement to full-time day-care, eliminating any gap between the conclusion of well-paid leave and the start of subsidised full-time day-care. This seamless transition ensures that parents have continued support in balancing work and childcare responsibilities, without disruption or delays in accessing affordable ECEC services. Problems of territorial coverage may mean that for households residing in rural areas, access to services is less easy, and it is mainly to these households that the home-care allowance targeted.¹³⁶





4.

Fostering
children's early
development
through
coordination
between ECEC
services

The preceding section examined the ECEC sector through the lens of work-life reconciliation, revealing the significant impact of early childhood services on promoting balance between personal and professional responsibilities. In this part, the focus will shift to the crucial issue of service quality. A well-developed ECEC system ensures equitable access for all children to a diverse array of attentive, empathetic interactions with adults, peers, and play materials in both group-based and early education settings.¹³⁷ Consistent participation in such nurturing and stimulating environments has been linked to numerous socio-economic advantages for children.¹³⁸ Beyond the individual level, the formal education of young children through early education services has become increasingly vital from a familial standpoint.

Despite agreement regarding the advantages of high-quality early education, research has consistently evidenced that children from ethnic minorities and low-income backgrounds are disproportionately underrepresented in early years provision and preschools. Furthermore, when these children do attend such facilities, they are more likely to be placed in settings of inferior quality compared to their more economically advantaged counterparts.¹³⁹

There are several hindering factors that may impede the participation of families in ECEC services (as well as their engagement with other support services), including lack of understanding on the part of families regarding the benefits and provisions offered by these settings, and whether they can effectively support their children and assist the family unit. This element of uncertainty could potentially affect families' perceptions of the potential benefits that these services may bring for their children's development, as well as their own personal needs.

A crucial element in this respect, which is relatively little discussed, is related to the structure of the ECEC system. The organisation and design of ECEC can greatly impact the participation of families as well as their perception of the value of the services offered. 'Split' ECEC systems, which include separate day-care nurseries or crèches catered to the 0-3 age group and preschool or kindergarten settings for older children, possess

characteristics that may hinder accessibility, particularly for socioeconomically disadvantaged or ethnic minority households. This contrasts with 'integrated' or 'unitary' systems that offer comprehensive care and early education for children spanning the entire pre-primary age range up to the beginning of primary school.¹⁴⁰

One important reason for this is that activation of the legal right for families to enroll their children in ECEC bears a relation with governance structures of the system.¹⁴¹ As highlighted in the preceding chapter, the presence of an individual entitlement to ECEC services plays a pivotal role in promoting work-life balance and bridging the childcare gap, facilitating the enrolment of children in day-care. In integrated systems, where a single public administration oversees the entire ECEC cycle, there is a higher likelihood of a legal entitlement to access services as early as one year of age. In split systems, conversely, the timing of legal entitlement, if present, typically aligns with the beginning of kindergarten; while services catering to children aged 0-3, which do not have a guaranteed provision, operate based on a residual framework, with both access and affordability ultimately relying heavily on the decisions and financial capabilities of local governmental bodies.

Beyond legal entitlement, a second reason is that unlike integrated systems, split frameworks tend to include a rather "hard" moment of transition, typically taking place at age three, which can generate difficulties for children and families. As children move on to a new environment, whether from home into ECEC, or from one ECEC setting to another, there is an implicit change in the rules and expectations set by adults. This transition signifies a critical milestone for young children as they begin to experience a shift from being primarily nurtured by their families to being guided and educated by educators. As children grow older, they require more exposure to adult-initiated and directed learning activities, which can result in a sense of loss of control over their environment. This feeling of loss of autonomy can be particularly challenging for children who are not familiar with formalised learning or are still in the process of acquiring the dominant language spoken in the classroom.¹⁴²

Movement into or across ECEC can be a pivotal event also for families - and in particular for parents with children who need to get used to the expectations of an early education system for the first time. These parents often express concerns primarily focused on their child's emotional and physical well-being, including apprehension about their child adapting to a new environment with higher learning demands, a larger class size which may impact their emotional security, interruptions in social relationships with peers as they are divided into different classrooms, as well as a potential lack of continuity in friendships formed in preschool. Continuity across levels, as of a smooth educational transition is of paramount importance for families as it ensures a sense of guidance and assurance in the progress of their child between successive school levels. Much like for children, it is essential for parents to retain a sense of autonomy and influence over this process, to prevent any feelings of disorientation and uncertainty.¹⁴³

Integrated models and unified pedagogies are increasingly recognised as having a significant and favorable influence on underprivileged groups.¹⁴⁴ This is primarily attributed to their ability to mitigate or eliminate the potentially distressing and disruptive experiences of transition and discontinuity. As a result, they provide a more secure and consistent environment for children while reducing the burden on families in terms of interpretation and adaptation.¹⁴⁵ Furthermore, these arrangements typically enable parents to easily access services at all stages of their child's development. By implementing integrated organisational structures and unified pedagogical approaches, there is greater potential for continuity in educational trajectories over a longer period of time. Additionally, these arrangements allow for the sharing and development of existing expertise within organisations.¹⁴⁶

4.1 The diversity of ECEC structures throughout Europe

The configuration of ECEC systems (split/unitary) significantly shapes the prospects and possibilities for service integration, particularly in relation to the challenges that must be addressed to achieve greater coordination between educational segments. To start with, unitary systems centred around integrated facilities that cater to the entirety of the 0-6 age group, do not encounter the same challenges of institutional discontinuities as those that exist within split arrangements. However, significant barriers may still arise if, for instance, there is a notable horizontal fragmentation among various providers, giving rise to concerns regarding equity and uniformity of service quality.¹⁴⁷ Therefore, it is pertinent to provide a concise overview of the structures of ECEC systems in the countries under examination.

The ECEC system in Finland and Germany is characterised by a unitary structure. In the case of Finland, the framework comprises two distinct stages. The first stage, known as early education or '*Varhaiskasvatus*', caters to children aged 1 to 5 years and serves as the foundational component of the national education system. The second stage, pre-primary education or '*esiopetus*', specifically caters to six-year-olds and serves as a transitional year between ECEC and basic education. The German system is likewise structured around a unitary model, with services provided within a single phase and no administrative distinctions based on age groups.¹⁴⁸

Traditionally, ECEC in West Germany was differentiated by age, with day-care nurseries/*crèches* ('*Kinderkrippen*') catering to children under 3, and kindergartens ('*Kindergärten*') serving as the main centre-based facilities for children from three years old until school entry. However, recent expansions and the entitlement for one- and two-year-olds have led to a blurring of this age-based separation: The number of integrated daycare centres ('*Kindertageseinrichtungen*' – *KiTas*) offering services for children 0 to 6 years

old has been increasing, effectively merging the functions of crèches and kindergartens.¹⁴⁹ This integrated model was already established in the former German Democratic Republic, where kindergartens and daycare centres were combined into ‘*Kinderkombinationen*’.¹⁵⁰

In terms of administrative responsibility, the situation in the two countries is slightly different. In Finland, where the Ministry of Education and Culture holds legislative responsibility over the sector, separate acts regulate the two stages of ECEC. Early education (‘*varhaiskasvatus*’) is governed by the 2018 Act on Early Childhood Education and Care, while pre-primary education (‘*esiopetus*’) is guided by the Basic Education Act. The Finnish National Agency for Education (‘*Opetushallitus*’) manages pedagogical frameworks for both stages, whereas Regional Administrative Agencies and the National Supervisory Authority for Welfare and Health ensure legal compliance of local ECEC providers. Local authorities are responsible for establishing and financing facilities, with assistance from the government. Discussions have recently arisen regarding the proposal to reconfigure pre-primary education and the first two years of basic education, aiming to establish a more integrated system that facilitates flexible transitions after the acquisition of essential skills.¹⁵¹

In line with this proposal, a trial was initiated in August 2021 to explore the feasibility of providing a two-year pre-primary education programme for 5-6-year-old children. The trial (2021-2024) encompasses approximately 10,000 five-year-olds, with half of the participants starting in 2021 and the other half in 2022. The primary objective of this trial is to enhance educational equity by encouraging greater participation in pre-primary education within the broader context of early childhood education and care.¹⁵²

Conversely, in Germany responsibility for the ECEC sector at the federal level (*Bund*) is primarily held by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (‘*Bundesministerium für Familie, Senioren, Frauen und Jugend*’ - BMFSFJ), while within the *Länder* the 16 Ministries of Youth Affairs, typically situated as units within the Ministry of Social Affairs or the Ministry of Education, establish a framework

for the provision and financing of ECEC. This framework is governed by the overarching principles outlined in federal-level legislation and also covers matters that are not explicitly addressed. The municipalities (‘*Kommunen*’), working with church-affiliated and non-church affiliated organisations, are directly responsible for funding and organising ECEC provision at the local level.¹⁵³

The ECEC systems in Poland and Belgium starkly contrast with the integrated approaches that have been delineated above. These two countries are characterised by split frameworks, exhibiting pronounced divisions between childcare services for the under 3 and a preschool stage for older children. In Poland, the system is divided into two segments according to age. Under this arrangement, the Ministry of Families and Social Policy has been responsible since 2011 for childcare facilities, which cater to infants aged 20 weeks up to 3 years.¹⁵⁴ The 2011 Act on childcare for the under 3 years lists four different service types for children in this age group: day-care centres/crèches (*żłobki*), kids’ clubs (*kluby dziecięce*), individual day-care providers/childminders (*opiekun dzienny*), and nannies.¹⁵⁵ Preschool education involves children aged 3-6, is detached from childcare, and falls under the remit of the Ministry of Education and Science, as well as of territorial authorities at the *powiat* level.¹⁵⁶ Under the current law, a child should start kindergarten on September 1st of their 3rd birthday year and stay until August 31st of their 7th year. Children aged 2.5 years have the possibility to apply for early entry - however, place shortages mean not all applicants are guaranteed to be accepted. Despite the presence of a legal entitlement, kindergarten education is not mandatory for 3- to 5-year-olds; only 6-year-olds must attend one year of preschool education or fulfil this requirement in another way (such as through homeschooling).¹⁵⁷

The Flemish ECEC system is also characterised by a dual structure. Day-care services for children aged 0-3 years, known as (‘*kinderopvang*’) and out-of-school care for children aged 2.5 to 12 years (‘*buitenschoolse opvang*’), fall under the purview of the Minister of Welfare and Family (‘*Ministerie van Welzijn en Gezin*’), whereas preschool services (‘*kleuterschool*’), are the responsibility of

the Ministry of Education and Training (*'Ministerie van onderwijs en vorming'*) and form integral part of basic education. The governmental agency *Opgroeien* (formerly Kind & Gezin) is responsible for regulating, allocating places, providing funding, and ensuring quality standards and management of childcare centres; whereas the day-to-day operations of childcare centres are managed by service providers, including local authorities, non-profit organisations, and some private for-profit providers.¹⁵⁸

Italy presents a distinctive scenario that deviates from the aforementioned cases, as the country is currently undergoing a transition from a split ECEC system to an integrated one. Until 2017, Italian ECEC operated with a split-phase structure, with socio-educational daycare centre services (known as *'asili nido'*) for children under the age of 3 and preschool settings (referred to as *'scuola dell'infanzia'*) catering to the 3-6 age group. Governance over the 0-3 segment was decentralised, following a three-tiered vertical structure where the Ministry of Labour and Social Policies (*'Ministero del Lavoro e delle Politiche Sociali'*) and the Department of Family Policies (*'Dipartimento per le politiche della famiglia'*) within the Presidency of the Council of Ministers (*'Presidenza del Consiglio dei Ministri'*) held general oversight. Regional governments retained authority over planning and regulation, and municipal councils were responsible for day-to-day management, personnel selection and training, maintenance, and oversight. Instead, responsibility for preschool provision laid with the State through the Ministry of Education, University and Research (MIUR) and the Regional School Office (*'Uffici Scolastici Regionali'*).¹⁵⁹ In 2015, the Education Reform act n. 107, established an integrated ECEC system for children aged 0 to 6 years (*'sistema integrato di educazione e di istruzione da 0 fino ai 6 anni'*), under the responsibility of the MIUR.¹⁶⁰ The implementing act adopted in 2017 (D. Lgs. 65/2017) focused on establishing an institutional and regulatory framework for integrated ECEC provision for children aged 0 to 6 years, while leaving the decentralised governance structure for the under 3s largely unchanged.¹⁶¹

Spotlight on Finland: A strong unified system under pressure from multiple reforms

The Finnish ECEC system has recently undergone significant reforms, which have generally received positive public reception. However, the multitude of changes at various system levels has posed challenges. The implementation of these reforms has been supported by unified administration, where local authorities are responsible for both ECEC and pre-primary education, as well as basic education. This has allowed for smoother phasing in of the changes and efficient coordination. Despite the advantages of unified administration, frustrations have arisen from the constantly changing direction of reforms and the fast pace at which new policies are introduced. For example, the subjective entitlement to ECEC services was initially limited in 2016, but then reintroduced in its fullest form in 2020. Such changes have created challenges for practitioners and providers in adapting to rapidly shifting requirements and regulations. The speed of change has also been a cause for criticism, as there has been limited time for local authorities and providers to fully implement and evaluate one policy or reform before a new one is introduced. For instance, while an experiment offering free ECEC for 5-year-olds was still ongoing, a new experiment for two-year pre-primary education was launched. This accelerated succession of experiments and reforms has hindered the ability of local authorities and providers to effectively implement them.¹⁶²

Focus on Italy and Germany: the challenge of multi-level governance

ECEC systems in Europe are still largely defined by a decentralised structure in which each level of government maintains distinct spheres of authority. In broad terms, the national level, and on occasion the regional level, maintains a steering role, holding the power to establish overarching objectives and fundamental standards for services. Conversely, the local levels (i.e.

regions and municipalities) are tasked with the management of daily operational protocols within the ECEC services. Another factor contributing to the intricacy of the ECEC sector is the presence of various modes of educational delivery, including public, non-for-profit, and private providers, which sets it apart from other educational levels. Faced with this composite scenario and the increasingly urgent demand for system standardisation - prompted by both territorial inequalities in access and discrepancies in quality among providers, the matter of effectively balancing decentralisation with multilevel and coordinated governance looms large in the sector.¹⁶³

The German ECEC system faces the complication of a multi-level governance framework, wherein municipalities bear significant responsibilities for ECEC but possess limited political control. While they play a crucial role in implementing and financing services, their influence in national policy-making is restricted. This presents a challenge in balancing the autonomy of local authorities with the need for a cohesive system nationwide. Municipalities hold the primary responsibility for establishing high-quality ECEC, and they possess the authority to either deliver services directly or outsource provision to non-governmental agencies. However, their autonomy has been constrained by recent expansion policies, and their participation in national-level decisions is limited. Involvement in decision-making is primarily through representative bodies, but their role is often limited to being heard. Therefore, their position within the federal structure is constitutionally weak.¹⁶⁴

The concept of multilevel governance also poses a significant challenge in the implementation of the Italian reform of the ECEC integrated system. Despite the detailed distribution of responsibilities among various levels of government in the 2017 Decree, the legislation lacked clear guidance for local authorities on the necessary steps to take for implementation of the integrated ECEC model. This absence of specific instructions and minimum standards at the national level highlights the need for stronger national-level steering and supervision. Furthermore, the decentralised framework, where regional autonomy is heavily emphasised, adds complexity to reconciling national standards and ensuring equitable service distribution.¹⁶⁵

For Italy, effective implementation of the multilevel governance model necessitates collaboration and the establishment of new relationships among local actors such as regional governments, regional school offices, and local authorities. Achieving this will require extensive negotiations and inter-institutional agreements.¹⁶⁶ Similarly, Germany can improve its approach to multilevel governance by enhancing the participation and influence of municipalities in national-level ECEC policies. This can be accomplished by granting decision-making powers and amplifying their voice, resulting in improved coordination and alignment between national and local ECEC policymaking. The inclusion of municipalities not only taps into their expertise and insights, but also promotes a more cohesive and efficient ECEC provision in Germany.¹⁶⁷

4.2 The challenge of continuity across ECEC

The integration of ECEC services entails a multifaceted approach at the organisational level. This includes optimising communication and coordination strategies to facilitate the seamless provision of services that effectively meet the needs of the local community. Moreover, service integration strives to enhance accessibility for families who may encounter barriers in accessing ECEC services, while also aiming to cultivate a deeper understanding among families regarding the benefits and availability of such services. Such efforts require deliberate and thorough considerations at various levels of an ECEC system, particularly within fragmented systems, with an emphasis on promoting consistency in professional and pedagogical practices across segments.

Pedagogical continuity

In recent years, establishing a consistent pedagogical approach across ECEC (as well as between preschool and primary levels) has emerged as a growing concern for stakeholders

in the education field.¹⁶⁸ The concept of pedagogy, the combination of instructional methods and approaches that enable the process of children's learning within educational settings, is being progressively aligned across primary and pre-primary stages throughout the EU. This development is fueled by endeavors to improve the coherence of curricular progression and to incorporate novel subject matters within pre-primary curricula. In parallel, considerable attention is also being devoted to the development of curriculum guidelines for the early years, with the aim of mitigating discrepancies in play and pre-academic engagement between developmental stages. Despite considerable efforts in this direction, significant differences across levels continue to exist. This can be attributed, in part, to incongruent pedagogical goals as guidelines and curricula may prioritise differing understandings of educational interests and objectives. Furthermore, the decentralised governance and authority over early years services, preschool settings and primary education may also result in inconsistent educational methods and techniques. In addition, a lack of shared pedagogical understanding and inclination towards new practices among ECEC staff can impede collaboration across various levels.¹⁶⁹

Curricular and pedagogical continuity throughout the early years in Finland is guaranteed by the Finnish National Agency for Education. Functioning as an expert authority, the Agency is entrusted with the management, guidance, and development of pedagogical frameworks for both ECEC and basic education, in accordance with the Basic Education Act. The Agency plays a crucial role in preparing the National core curricula for ECEC (2022), Pre-primary Education (2014), and Basic Education (2014).¹⁷⁰ An essential objective inherent in the guidelines is to establish a cohesive and uninterrupted continuum, as the curricula documents explicitly underscore the significance of preserving pedagogical and curricular continuity throughout children's entire early educational trajectory. The Agency has a defining role in this process by assuming responsibility for curriculum development across all educational levels, thereby ensuring continuity in guiding educational practices. In light of the recent proposal to restructure pre-primary and initial primary education, accompanied by the pilot launch in August 2021 to investigate the practicality of offering a two-year pre-primary programme for 5-6-year-old pupils, the Agency

has introduced a specialised curriculum tailored to the aforementioned programme.¹⁷¹ In the attempt to reduce regional disparities, the 2022 ECEC core curriculum implemented a comprehensive framework and regulations aimed at addressing the needs of children with disabilities, anchoring it formally to the 'three-tiered' model of support.¹⁷² The previous scenario was marked by the lack of comprehensive legislative frameworks, leading to the adoption of different models by local authorities, with some embracing the popular three-tiered model, while others opting for their own unique approach.¹⁷³

The situation in federal Germany differs significantly from that of Finland, as the country's ECEC system operates under multiple curriculum frameworks and documents. In the 2000s, in the wake of the 'PISA-shock',¹⁷⁴ discussions emerged questioning the role of ECEC services - until then primarily focused on care - and recognising the importance of early, targeted educational support to maximise children's learning potential and break the negative cycle between low academic achievement and socio-cultural background.¹⁷⁵ Whereas ECEC services were recognised as essential in promoting equality among children, they also faced criticism for not being adequately prepared to fulfil their role in promoting equal opportunities for all. In 2004, general pedagogical principles and expectations for all German ECEC settings were enshrined in the Joint Framework for Early Education in Day-Care Centres (*'Gemeinsamer Rahmen der Länder für die frühe Bildung in Kindertageseinrichtungen'*) - which was recently updated in 2022.¹⁷⁶

The Joint Framework represented an agreement between the Länder regarding the fundamental principles of educational work in ECEC centres - and stood to be further specified and elaborated upon by educational plans (*'Bildungspläne'*) at Land level. The Framework delineates a broad overview of the educational and developmental objectives for young children in the context of early childhood education, along with a nuanced depiction of the pedagogical activities undertaken in day-care establishments. It is anticipated that each Federal State will pursue distinct trajectories of diversification and enforcement, tailored to their specific circumstances, within this overarching framework.¹⁷⁷

Meanwhile, between 2002 and 2006, additional curricular guidelines or appendices were introduced by all 16 Länder - bringing in a new element of pedagogical oversight and standardisation in a field that had previously been highly decentralised and characterised by a low level of regulation, allowing significant autonomy for the mainly not-for-profit providers. These documents take on different names ('*Grundsätze*', '*Leitlinien*', '*Bildungsprogramm*', '*Bildungskonzeption*', '*Bildungsplan*', '*Bildungs- und Erziehungsempfehlungen*') depending on the Land, and cover different age groups. In some cases (such as Hamburg, Rhineland Palatinate, Thuringia, Schleswig Holstein and Saxony-Anhalt) the guidance documents range from age 0 to 15; in others (Bavaria, Hesse, Northrhine Westphalia, Mecklenburg- Western Pomerania, and Saxony) cover up to age 10; in still others (Berlin, Bremen, Lower Saxony, and Saarland) the guidelines go up to the beginning of compulsory schooling (age 6).¹⁷⁸

In sum, from a pedagogical perspective, Germany's ECEC landscape exhibits a notable degree of integration, but concurrently remains extremely composite. In all 16 Länder, curriculum frameworks are now commonly utilised in services catering to children under the age of 3 - and there is a deliberate effort to ensure coherence and continuity across the entire ECEC cycle through the implementation of a unified curriculum, which not only encompasses content and pedagogy, but also developmental goals. However, it should be noted that in many Länder, the complexity of this approach is heightened by the presence of general pedagogical documents which cover both ECEC and primary education, coexisting with specific curricula for primary school ('*Lehrplan Grundschule*').¹⁷⁹

In the context of Flanders, the topic of pedagogical continuity has gained significant attention in recent years, despite a lack of comprehensive reforms. This focus has proven particularly prevalent in the ECEC sector, where efforts have been made to address inconsistencies and enhance coherence in methods and practices. Enduring disparities in the day-care and preschool levels' organisational and structural frameworks are a prominent aspect of Flemish ECEC, and manifest in a multitude of dimensions, encompassing pedagogy, curriculum, qualifications, infrastructure, and

accessibility. Of particular note is the variance in pedagogical approaches employed at the day-care and preschool levels. While day-care centres predominantly prioritise providing care for children, preschool education places a greater emphasis on fostering learning. Notably, quality evaluations in Flanders reveal that while emotional support within day-care centres is generally commendable, educational support is found to be lacking. Conversely, preschool education may prioritise learning, but it may fall short in terms of providing adequate emotional and physical care.¹⁸⁰

An acknowledgement of this pedagogical rift has led ECEC stakeholders to increasingly espouse a more integrated approach to "educare" and pedagogical continuity, positing that such an approach would be advantageous for children across both day-care and preschool settings. However, it must be noted that this divide also contributes to a didactic segregation between the two sectors, with each espousing its individual curriculum. The challenge at hand, therefore, lies in finding avenues to align and harmonise these divergent curricula in the future.¹⁸¹ At the technical level, the two cycles are regulated by distinct pedagogical documents. The early years (0-3) are guided by the Pedagogical Framework for Childcare for Babies and Toddlers, known in Flemish as '*Het pedagogische raamwerk voor de kinderopvang van baby's en peuters*'.¹⁸² On the other hand, the 3-6 cycle adheres primarily to the Developmental Objectives for 2.5-6 Years ('*2.5y Ontwikkelingsdoelen*'). The increased focus in recent years on the issue of continuity can be attributed to a renewed emphasis on the overall quality of ECEC services. As a result, Flemish public authorities have implemented various official communications and pilot projects to further address this issue.

The 2019 policy memorandum 'Welfare, public health, family and poverty reduction' ('*Welzijn, volksgezondheid, gezin en armoedebestrijding*') by the newly established Ministry of Welfare emphasised the importance of harmonising regulations across various services and enhancing coherence between early care, pre-school education, and out-of-school care, indicating this alignment as integral to the elimination of obstacles hindering the efficient delivery of services and support.¹⁸³ In parallel,

the Ministry of Education also issued a Policy memorandum addressing, among its various subjects, young children's transitions from early care to preschool, highlighting the necessity for a greater number of childcare workers to be employed within preschool settings in order to unburden preschool teachers and improve the experience of the youngest.¹⁸⁴

Box 3. 'ECEC Cooperation Pilot Projects in Flanders'

Beginning in 2022 and running through 2024, the Ministries of Welfare and Education have implemented a series of 12 flagship pilot projects, each with a duration of three years, focused on fostering pedagogical continuity through experimental collaborative efforts among local networks of childcare providers, preschools, and out-of-school care facilities. The overarching goal of this endeavor is to facilitate comprehensive ECEC services for children between the ages of 0 and 6.¹⁸⁵

Poland stands out as the case study in which the divide between the two levels of ECEC is most conspicuous, with a marked absence of pedagogically cohesive measures between early years and pre-school education. Policy initiatives at this juncture in time seem primarily geared towards augmenting the quantity of available places, rather than promoting structural reforms involving pedagogical alignment.¹⁸⁶ The distinction between the two segments is distinctly evident when examining their respective curricula and educational guidelines. The regulatory landscape surrounding services for children aged 0-3 is notably limited, as governmental legislation pertaining to this age group is minimal. The primary document governing this sector is the Act of 4 February 2011

on the Care of Children under the Age of Three, which only offers broad guidelines emphasising the importance of providing appropriate educare activities tailored to the specific age, individual, and developmental needs of children.¹⁸⁷

Responsibilities for establishing concrete objectives, and implementation strategies within individual ECEC settings, such as municipal-run institutions, are allocated to lower-level providers, but no standardised minimum requirements exist for crèches or kids' clubs on a national level. Moreover, the 2011 legislation does not offer any specific guidance on instructional techniques and strategies to facilitate the advancement of children's learning. Its scope is restricted to promoting the provision of a secure and sanitary settings - as well as very broadly defined appropriate care and education - by individual childcare facilities or clusters of such facilities, in order to facilitate the well-rounded development of young children.¹⁸⁸

The Core curriculum for preschool education in kindergartens and other types of preschool settings ('*Podstawa programowa wychowania przedszkolnego dla przedszkoli oraz innych form wychowania przedszkolnego*'), implemented in 2013 and revised in 2017, serves as the primary curriculum framework for preschool education across kindergartens and other relevant facilities.¹⁸⁹ This document delineates the objectives of preschool education, pertaining to children aged 3-6, and offers a comprehensive set of directives for primary education within this age bracket. This framework outlines the purpose of pre-school education, preventive and educational tasks in kindergarten or a primary school's preschool department, expected physical, emotional, social, and cognitive development by the end of preschool, as well as the necessary conditions for successful implementation. Most preschool education institutions do not adhere to a specific pedagogical, teaching, or learning method - rather, they base their approach on children's spontaneous activity.¹⁹⁰

Another notable distinction between the two ECEC segments pertains to the nature of collaborative efforts expected between services and families.¹⁹¹ While both levels recognise the importance of cooperation between ECEC establishments

and families, marked disparities exist between the prescribed approach outlined in legislative documents and its realisation at the centre level. The aforementioned Act on care for children under three, implemented in 2011, incorporates limited provisions for parental engagement in services catering to the 0-3 age group. The stipulations of this legislation merely require providers to take into account parental perspectives during the formulation of organisational protocols. While it is plausible that consultation and counsel between providers and parents may occur at the institutional level of such facilities, there is a complete lack of explicit pedagogical directives pertaining to the modalities and extent of such collaboration.¹⁹² In contrast, legislation governing preschools places greater emphasis on the involvement of families through collaborative efforts between teachers/providers and parents. National core curricula incorporate statutory obligations for teachers to inform parents of educational tasks and content, engage them in their child's learning experiences and development, and enlist their active participation in decisions regarding preschool education. Additionally, Parents Councils have been established as a means of representing all kindergarten parents, granting them additional rights and responsibilities that contribute to decision-making processes within facilities.¹⁹³

The situation in Italy is of particular interest, given the transitional phase its ECEC system is navigating from a fragmented structure to an integrated framework.¹⁹⁴ In terms of promoting pedagogical coherence between the previously split segments, a crucial provision of the 2017 legislation was the establishment of an Expert Commission for the Integrated System (*Commissione nazionale per il Sistema integrato*),¹⁹⁵ tasked with defining national pedagogical guidelines for the integrated 0-6 system (*linee pedagogiche per il Sistema integrato 0-6*),¹⁹⁶ as well as providing consultative and advisory services to the Ministry. At a more practical level, the legislation also emphasised the need for educational alignment across 0-3 and 3-6 settings to ensure continuity in daily practices and methods between the two stages. In pursuit of this objective, the ratification of the national pedagogical guidelines developed by the Expert Commission was succeeded in 2021 by the implementation of a national curriculum framework designed for the 0-3 sector (*orientamenti educativi nazionali per*

i servizi educativi per l'infanzia). This curriculum marked a milestone in the history of Italian ECEC, as it is the first national-level guidance document to be released for educational services catering specifically to children below the age of three.¹⁹⁷

Professional continuity

The concept of promoting professional continuity, mirroring the issue of pedagogical coherence, has long posed a significant obstacle in regard to the effective alignment and integration of ECEC services.¹⁹⁸ This challenge is mainly due to the potential gaps in status and career perspectives between staff employed in different segments of the system, or simply tasked with activities catering to different groups of younger or older children. These discrepancies hinder cooperation and coordination between early years and preschool staff, ultimately affecting the quality of care and education provided. An additional obstacle is the lack of attention given to children's transitions and the specific needs of teachers in managing them during pre-service and in-service trainings. Moreover, important structural barriers, such as privacy frameworks on personal data protection and logistical complications between ECEC and primary settings, may create further barriers to the coordination and collaboration between staff members. These challenges of course pose a significant hurdle to effectively managing transitions for children in split ECEC systems. It is crucial for these obstacles to be addressed in order to ensure a seamless and effective continuity in professional practices across all levels of ECEC.¹⁹⁹

Both Finland and Germany have a unitary ECEC system, in which a variety of specialised educational professionals with distinct operational profiles and initial qualifications are employed. The structural coexistence of these diverse occupational profiles within a single setting is a key distinguishing factor of their integrated frameworks, in contrast to split countries such as Italy, Poland, and Belgium (Flanders) where significant distinctions between segments of the ECEC system correspond to substantial disparities in the workforce composition. In contrast, the ECEC personnel in integrated Finnish and German facilities is comprised of a diverse group of professionals holding

various qualifications, ranging from specialised university degrees (early education/special needs) to generalist university qualifications in the field of social work, or upper secondary health qualification focused on nursing, children, and social assistance. The diverse composition of the staff is of crucial importance within integrated ECEC environments, characterised by the wide age range of the children attending (0-6 or 0-7 years), resulting in highly differentiated pedagogical and care needs.

The majority of teaching personnel within ECEC centers of both countries are comprised of individuals holding an upper secondary vocational qualification in the fields of childcare, education, or a tertiary-level vocational technical college. Specifically, in Finland, such professionals are referred to as Children's Instructors (*'Lastenohjaaja'*), while their equivalent counterparts in Germany are commonly known as Educators (*'Erzieherin'*).²⁰⁰ These workers are accompanied, in varying percentages, by staff with specialised university qualifications. In Finland, such profiles may include the Kindergarten Teacher (*'Lastentarhanopettaja'*), the Special Education Teacher, or the Social Welfare Worker, while in Germany, the Childhood or Social Pedagogue (*'Kindheitspädagogin'* or *'Sozialpädagogin'*) may be represented in this workforce.

The issue of professional fragmentation has not emerged as a prominent concern in either Finland or Germany, as the two countries maintain a mixed environment in which ECEC staff with varying qualifications collaborate. However, both countries have recently faced significant challenges pertaining to shortages of qualified personnel within ECEC services. In Finland, shortage of ECEC staff in Finland is hindering ongoing reform efforts aimed at improving the quality of the system, including the provision of free and round-the-clock ECEC services, which pose financial and recruitment challenges, and the goals set by the Early Childhood Education Act of 2018, which requires a higher proportion of staff to hold bachelor's degrees by 2030. Moreover, anticipated changes in eligibility criteria for daycare centre managers will require a master's degree in education and managerial skills, causing concerns for current managers as their qualifications may not meet the new requirements.²⁰¹

The scarcity of qualified ECEC employees, primarily in relation to ambitious expansion goals, is also a crucial challenge facing the German system. Despite progress in staffing distribution, a significant proportion of children in western Germany are cared for in groups with inadequate child-staff ratios. In the eastern German Länder, where approximately 90% of daycare attendees are placed in under-staffed groups, the situation seems particularly concerning. There are however notable variations among different Länder. For example, in Baden-Württemberg, approximately 45% of children in daycare centres are affected by inadequate ratios, while in Mecklenburg-Western Pomerania, the figure is close to 96%. This indicates that almost all children in daycare centres in this region face insufficient ratios. From 2017 to 2021, most federal regions have shown progress, although it has been limited in some instances. For instance, while Mecklenburg-Western Pomerania experienced only a slight decrease in facilities with inadequate ratios (from 97% to almost 96%), Baden-Württemberg also saw an improvement, with the prevalence dropping from over 56% to 45%. Lower Saxony stands out as the region with the most significant progress during this period, decreasing from 69% to 57%.²⁰²

ECEC services in Poland are subject to specific regulations which are primarily contingent upon the age range of the children being served. However, there is currently no established regulatory framework in place for the role of the caregiver (*'opiekun dziecięcy'*) in either public or private ECEC settings catering to children under the age of 3. Regardless of the individual's pre-service qualification pathway, any individual employed in a primary care-giving capacity within these settings is universally deemed a 'caregiver'.²⁰³

There currently exist two distinct paths of entry into the profession. One pathway involves individuals who have obtained a relevant qualification, such as a degree in nursing, midwifery, childminding, kindergarten teaching, primary education, or school counselling. Alternatively, individuals may enter the field with a high school diploma and specific experience or training requirements. Those with a high school diploma are required to have either two or more years of prior experience working with children under three years of age, or they must complete 280 hours of specialised

training, including a supervised practicum of 80 hours in a practical setting under the guidance of qualified care providers.²⁰⁴

Caregivers and educators who are hired without the necessary qualifications are obliged to undergo 80 hours of training within the first half-year of employment. Preschool teachers (*'nauczyciel wychowania przedszkolnego'*) must meet stricter pre-service requirements as mandated by the Ministry of Education and Science, such as holding an undergraduate degree in Early Childhood Education and Care, or for individuals with degrees in other disciplines, the completion of two years of higher education specifically focused on early childhood education or further postgraduate studies within this subject area. In-service training requirements vary greatly between ECEC segments, creating an even greater divide in the field.²⁰⁵

A first point to note is that in Poland there are currently neither mandatory requirements nor national regulations regarding funding for in-service training activities, and opportunities for continuous professional development are, in general, scarce. In larger cities, the public nurseries often work together in networks, which sometimes organise professional development activities. In private settings, however, organisation of training is completely subject to the will of the individual provider, thus staff participation in extra professional training mostly depends on the employer's decision. Preschool staff face a very different situation when it comes to continuous professional development. Many courses are available, and public institutions, such as certain kindergartens, are required to host continuous professional development events. Although there is an increasing understanding of the importance of ongoing professional development among practitioners and parents, participation in in-service training remains largely unregulated. At the municipal level, 1% of planned annual expenditures on teachers' salaries must be allocated to in-service training for all teachers (preschool, primary school, secondary school, and high school). The voivodeship and national levels must provide 5,000 average trainee salaries each for this purpose. However, when

the money is distributed to ECEC centres and providers nationally, it is the responsibility of the respective heads of those entities to determine how the funds will be used for in-service training. Private entities are generally ineligible to receive such funding.²⁰⁶

Similarly to Poland, also within Flanders the dichotomy between qualifications required for employment in day-care settings for children aged 0-3 and preschool for the 3-6 has been evident. Currently, most core practitioners in the pre-school workforce possess a bachelor's degree, while those in nurseries and daycare facilities typically hold a vocational degree or have no formal qualifications. The initial bachelor's programmes are generally provided by higher education institutions that specialise in teacher education and pedagogy for early childhood development, such as university colleges. In contrast, vocational training for childcare workers at the upper-secondary level is typically available in secondary schools or adult education programmes.²⁰⁷

Recently, a new bachelor's programme focused on pedagogy for young children has been established to finally provide a tertiary-level entry route into childcare professions. Flanders has also encountered obstacles in arranging comprehensive in-service training programmes for a diverse cohort of preschool educators and childcare personnel with varying levels of expertise. The hierarchical dynamics existing between childcare staff, who may be subordinate to preschool teachers (and the perceived subordination of preschool teachers to primary school educators) pose challenges for the effective use of childcare personnel in preschool education and for the successful collaboration between these workforces. In the absence of adequate support (such as shared experiences of in-service training or innovative initiatives) when collaboration does occur, they can reinforce underlying hierarchical dynamics.²⁰⁸

A notable example emerged when the Ministry of Education recently instituted a policy of bringing more childcare workers within preschools in a supporting role, in response to the matter of early-enrollment by inadequately toilet-trained toddlers, aged 2.5 years. While the decision was largely welcomed by regular preschool staff, as it presented an

opportunity to focus on more “educative” activities, it also served to highlight the stagnant nature of the pre-school teacher’s professional role, where an integrated understanding of education and care as interconnected components of educational practice has yet to be fully realised. Instead, the prevailing mindset continues to view ECEC in preschool as more learning oriented and the exclusive realm of trained professionals, while care remains largely framed as a need of the younger cohort, relegated to the realm of technical duties performed by individuals lacking university qualifications. This enduring professional divide supports what was said previously regarding the increasing attention from stakeholders towards a pedagogical realignment between the early years and preschool.²⁰⁹

The topic of the employment circumstances of ECEC personnel has emerged as a prominent topic in the public discourse within Flanders in recent times, coinciding with the purported ‘quality crisis’ afflicting the sector.²¹⁰ This crisis encompasses various facets of the ECEC workforce. Stemming from the tragic passing of a 10-month-old infant in a childcare facility, it has drawn considerable scrutiny towards the pressing necessity of reducing the staff-to-child ratio in day-care settings. Furthermore, it has revealed deficiencies in quality control mechanisms, unsatisfactory labour conditions, and inadequate professional recognition from society.²¹¹

BOX 4. Allocation of 270 million to ECEC in September 2023

Childcare facilities catering to children under the age of three commonly have a group size ranging from nine to eighteen children at any given time. A qualified staff member takes on the responsibility of a maximum of eight children, and in cases where multiple staff members are present, each may oversee up to nine children. During periods of rest or napping, a staff-to-child ratio of 1:14 is permitted. Conversely, preschools tend to group children based on their age, commonly incorporating ages ranging from 2½ to 3 years, 3 to 4 years, 4 to 5 years, and 5 to 6 years. However, such institutions retain the authority to determine their preferred group arrangement and size. In certain settings, the provision of entry or reception classes (known as ‘*instapklassen*’ or ‘*onthaalklassen*’), specifically tailored for those aged between two and a half and three, may be offered. In a typical preschool class, a single educator oversees a cohort of 20-25 young learners.

In its September statement, the Flemish government has allocated an additional budget of 270 million Euro towards the improvement of childcare. This measure aims to address the existing challenges in the sector and enhance the quality of care for children. The announced measures include reducing the workload of childcare workers by adjusting the child-to-staff ratio to 1:5 for groups with infants, 1:8 for older children, and 7 children in mixed groups. Furthermore, 5,000 new places will be created, with both subsidized and basic subsidy options. To ensure fair access, priority rules for working parents will be made clearer. Additionally, in cases where there are serious indications of potential harm to the health and safety of children, the government will take a precautionary approach and suspend licenses while conducting investigations. In the case of wrongful suspension, financial compensation will be provided to the affected childcare organiser.²¹²

The issue of child-staff ratio has been further exacerbated by the enduring shortage of qualified staff working in the sector. Throughout 2022, the Opgroeien agency was reported to have received an unprecedented number of reports from early care settings denouncing insufficient staff availability. In this regard, a quarter of newly qualified preschool teachers were reported in 2022 to leave the profession within five years. Meanwhile, initial training programmes for preschool teachers are attracting fewer and fewer candidates, while a small minority of secondary education students in childcare express a desire to continue working in ECEC. To compound matters further, it is estimated that an additional 7,500 to 8,000 places need to be created to meet the growing demand for day-care. However, it is extremely challenging to establish new places when facing such a severe shortage of staff. This issue becomes particularly problematic if the system aims to improve child-staff ratios alongside expanding the number of places available.²¹³

In Italy, the enduring split in qualification requirements for ECEC professionals, divided between individuals working with children aged 0-3 and those working with children aged 3-6, coupled with the absence of standardised employment regulations, presents considerable obstacles to the realisation of the ECEC integrated system introduced by the recent 2015-17 reforms. Educators (*'educatori'*) in 0-3 settings are mandated to complete a three-year bachelor's degree in Education (*'Scienze dell'educazione e della formazione'*) with a specialisation in early childhood studies. Once they enter the profession, their pedagogies prioritise child-centred and 'edu-care' approaches that focus on play. Conversely, preschool teachers (*'insegnanti di scuola dell'infanzia'*) are required to have a five-year degree in Primary education studies (*'Scienze della Formazione Primaria'*), with a curriculum that revolves around compulsory education, emphasising content-disciplines and the notion of school-readiness.²¹⁴

The discrepancy in qualifications between the two workforces, combined with the diverse educational programmes required for these positions, leads to a cultural and pedagogical rift among employees in the country. The absence of consistent employment standards adds to this issue. The authors of the 2017 legislation did not address this disparity among work

terms and conditions for employees at different stages of the ECEC cycle. Additionally, the legislation does not impose nationwide quality benchmarks for early care and preschool services, including professionalism and employment guidelines. This has perpetuated divisions among practitioners in the field. The numerous collective bargaining agreements and the use of outsourcing and externalisation by municipalities add complexity to the sector and further intensify employment divisions.

In particular, the majority of disparities in labour conditions can be traced back to the diverse range of sectoral collective bargaining agreements presently enforced in the non-compulsory segment of the early education domain. While staff in state-maintained preschools fall under the National Agreement for Public School (*'contratto collettivo nazionale del lavoro della scuola statale'* or *'CCNL scuola statale'*), workers in municipal and recognised private settings adhere to different provisions outlined in the National Agreement for Municipal School (*'CCNL scuola comunale'*) and the National Agreement for Recognised Private School (*'CCNL delle scuole paritarie'*), respectively. These differences extend beyond hours, salary, and wage progression to include working schedule flexibility, the degree of management discretion, and, most crucially, in-service training arrangements. The situation becomes even more polarised within the ECEC sector, as the split between employment arrangements in public and private settings is compounded by significant internal variation within the latter.

Spotlight on the Italian ECEC reform: Unitary pedagogical platforms as mechanisms for coordinated governance

The Italian system of ECEC is structured in a complex and layered manner, with various providers offering differing educational approaches and professional cultures. ECEC for children aged 3 to 6 is offered through state-maintained centres, municipal settings, accredited private settings, and non-accredited private settings. ECEC services for children aged 0 to 3 encompass a wider range of options, including

municipal day-care centres, accredited and non-accredited private day-care centres, home-based care and complementary services, which are typically managed by municipalities, social cooperatives, or private educators. Except for state-funded “spring classes” (transition classes for children aged 2,5 years, attached to preschool facilities) and unsubsidised private provision, funding for day-care services for children aged 0-3 is derived from a combination of municipal resources and family contributions.²¹⁵

The 2017 legislation for the integrated ECEC system outlined a multi-year implementation plan, with local authorities playing a critical role in ensuring successful continuity strategies within this complex governance context. One of the primary measures outlined in the decree is the enhancement, or creation of local frameworks for integrated pedagogical coordination for children aged 0-6 by local administrations. Pedagogical coordination represents a notable characteristic of municipal ECEC provision in North and Central Italy. Local administrations in these regions commonly employ qualified professionals known as “*coordinatori pedagogici*” [‘pedagogical coordinators’] who hold management responsibilities to support educational practices. The role and functions of pedagogical coordinators are not governed by a national legal framework, but rather established by Regional Law where they are granted official status. In addition to providing mentoring and counselling to practitioners in day-care centres, pedagogical coordinators are tasked with organising professional development programmes for the local workforce. To facilitate planning and pedagogical activities at the local level, pedagogical coordinators from different day-care centres are expected to collaborate as a team, establishing a territorial coordination platform.²¹⁶

The 2017 decree envisions an expanded use of pedagogical coordinating mechanisms across the entire 0-6 educational cycle as a means to further develop the integrated system and address the separation between day-care and preschool settings, while also ensuring cohesion in pedagogical approaches and educational practices. However, the development of these platforms is hindered by various challenges. A major issue is the lack of a standardised national framework for the role of coordinators, which still lack formal recognition in several regions of the country.²¹⁷

Moreover, despite it being more than five years since the introduction of the reform, only a handful of regions in Italy have been successful in establishing formal unitary integrated platforms for the 0-6 cycle through inter-institutional protocols. In contrast, negotiations have faced difficulties in other regions, resulting in delays or a complete lack of initiation. These challenges are further exacerbated by the complexities arising from an inevitable reorganisation of coordination responsibilities and roles within various tiers of governance, specifically between municipal-run daycare facilities and nationally operated preschools. While daycare services catering to children aged 0-3 have designated professional profiles for coordinators mandated by local legislation, state-maintained preschool institutions lack such professional profiles. In the latter, pedagogical coherence, as well as harmonisation of educational practices, are often achieved through informal coordination carried out by school leaders or designated teachers. The absence of national guidelines addressing and regulating this variation in coordinator status poses a significant obstacle to the establishment and consolidation of unitary platforms in Italy’s integrated ECEC system.

Spotlight on Germany: managing transitions between ECEC and primary education

The transition of children from kindergarten to primary education presents a significant challenge to the German ECEC system. Much like transitions across ECEC segments within split systems, this is a critical stage in promoting educational equity and shaping students’ trajectories. However, the implementation and necessity of this transition have sparked debates among stakeholders, due to differing perceptions of educational institutions and their boundaries. Despite efforts to bridge the gap and enhance understanding, fundamental structural differences between kindergarten and primary school persist. These differences encompass various aspects, such as legal and administrative affiliations, governance practices, programme orientations, pedagogical concepts,

and teaching qualifications. Notably, kindergarten and primary school fall under distinct policy areas with diverse functions and principles. As previously seen, kindergarten is formally situated in the social domain, although some states integrate it administratively under the ministries of education and cultural affairs.²¹⁸

Additionally, there are differences in the governance of kindergartens and primary schools: While kindergartens are subject to increasing regulations, such as curriculum implementation and language assessments, primary schools are moving towards deregulation and prioritising individual school quality development. However, primary schools face higher expectations for outcome quality, measured by school assessments and national/international studies, leading to a recentralisation of expected outcomes. Hence, it is necessary to consider areas where different educational goals and didactic orientations intersect, particularly in terms of curricular objectives. Notably, developments in didactics, especially during transition phases, offer opportunities for cooperation between professionals. Therefore, it is crucial to examine the shift towards a performance-based approach in kindergartens, while still maintaining an individualised educational approach. Additionally, coordination processes between institutions should be explored to identify potential convergence in didactics. Disparities in qualifications and compensation between primary school teachers and ECEC staff continue to exist, and the significance of the transition process has not been adequately addressed in transition training courses. These factors contribute to tensions in the institutional transition, where power dynamics and competition impact professional boundaries and responsibilities.²¹⁹

4.3 Final remarks: the scenario of ECEC integration

The preceding chapter three addressed the issue of the childcare gap and the significance of alignment between policies governing leave, family benefits, and ECEC services in supporting families' efforts to reconcile work and personal life. In contrast, this chapter four has brought attention to the fact

that ECEC systems are not uniform and that their organisational structure, whether split or unitary, plays a crucial role in determining their efficacy in meeting the needs of families. This variation of effectiveness is evident both in relation to the accessibility features that different systems offer, depending on their organisational structure, but also in the coherence and comprehensiveness of their educational and pedagogical content. Integrated ECEC systems, where there is no structural division between day-care and preschool segments, are fully overseen by a single public administration sector, such as education or social affairs. Conversely, split systems involve separate administrative responsibilities. These distinctions have implications for the professional cultures within these services as well as the specific demographic they serve.

Split systems typically present a conceptual separation between the domains of 'education' and 'care' in daily operational practices. When catering to children under 3, priority is typically placed on promoting emotional and physical well-being and ensuring their safety. In contrast, pre-primary services tend to prioritise a designated curriculum that emphasises structured learning. By contrast, unitary settings tend to adopt a more holistic approach, blending aspects of education and care within a single setting. This eliminates the clear distinction between pedagogical methods in favour of a more integrated approach. In the context of accessibility, the presence of a central public administration responsible for the entire ECEC cycle in integrated systems increases the probability of a statutory entitlement to services at the age of one. On the other hand, in split systems, the timing of a possible legal entitlement typically aligns with kindergarten enrollment, while services catering to children aged 0-3 rely on a residual framework which lacks a guaranteed provision. In this arrangement, access to and affordability of such services ultimately depend heavily on the budget and policy choices of local government entities.

When considering ECEC services from a family perspective, it is desirable for the system to prioritise the interests of both children and parents. From the perspective of access, the best-case scenario is one that includes a legal entitlement to a day-care place that begins after the satisfactory completion of parental leave, consistent and widespread service coverage,

affordable participation fees, and perceived relevance by families. These characteristics contribute to accessibility, ensuring that the service is available whenever needed regardless of location, financially feasible, and guided by transparent and consistent principles outlined in standardised quality guidelines applicable nationwide by all providers. This final criterion directs attention to the aspect of educational continuity. In this regard, an ideal ECEC scenario is one in which the entire cycle is anchored in educational guidelines that orient practitioners' activities, ensuring a seamless continuity of educational practices and instructional models across different developmental stages, thereby avoiding an extensive fragmentation of children's care and learning experiences. Complementary to the pedagogical facet of continuity is its professional dimension, characterised by effective communication and collaboration among ECEC practitioners at different segments of the system. When there is alignment in professional qualifications and roles across ECEC practitioners irrespective of children's age groups, it facilitates cooperative relationships and practices conducive to harmony and continuity of experience throughout their schooling years. These aspects are not only significant for children but also for families who benefit from a consistent pattern of interactions with teachers based on unchanging expectations, routines, and modes of communication.

Despite its importance, the European countries examined in this chapter do not display consistent levels of political focus on the issue of "bridging" ECEC fragmentations, unlike what has been observed regarding the childcare gap. Specifically, while Italy is currently undergoing a complex process of implementing a reform towards an integrated 0-6 system, this level of attention towards ECEC integration is not mirrored in all other countries, such as Finland and Germany, where integrated systems have already been established for several years and policymakers may be directing their attention towards other matters.

In recent years, the Finnish government has placed a strong emphasis on addressing inclusivity and equality within ECEC services, with the overarching goal of mitigating learning disparities linked to varying family backgrounds. Furthermore, efforts to increase participation rates in Finnish ECEC

have been a significant focus of both current and previous administrations. As part of this focus, the government launched an experiment in 2018 to provide free ECEC for 5-year-olds, which was subsequently extended through 2021. The aim of this initiative was to not only increase participation among 5-year-olds and their siblings, but also to promote employment among guardians and enhance ECEC pedagogy and service counselling. In addition to these key priorities, addressing the shortage of qualified ECEC teachers has also been identified as a crucial challenge faced by the country. This ongoing shortage has hindered efforts to improve system quality and expand child participation. Therefore, addressing this issue is of utmost importance in order to enhance system quality, increase child participation, and meet future eligibility requirements. From an educational continuity perspective, the Finnish ECEC model is highly advanced, characterised by strong collaborations between practitioners at all levels of the cycle, as well as a comprehensive pedagogical framework encompassing the 0-6 age range. This system ensures that children are entitled to receive these services at an early age and are seamlessly transitioned into compulsory schooling without experiencing abrupt changes in their educational environment.

In Germany, the situation bears some similarities to that of Finland, but notable differences also exist. Unlike Finland, German ECEC in broad terms operates independently from the larger education system, which can create some rifts, especially in the transition from kindergarten to primary school. In terms of organisational structure, the German ECEC system is integrated, ensuring a seamless educational cycle from 0-6 years without significant disruptions during curricular hours (though challenges of continuity may arise in between providers of regular ECEC vs. extracurricular activities). At present, similar to the situation in Finland, the foremost concerns among German stakeholders in ECEC are not centred around continuity across the sector. Instead, other hurdles such as persistent inequities in access to services, significant personnel shortages, and the division of services in terms of quality are sources of contention. The German ECEC system is distinguished by its advanced educational continuity and notable emphasis on effective collaboration between practitioners and professionals. Moreover, whereas the country does not have a single national

curriculum (apart from a general agreement between the Länder on the general principles of the system) each Land has developed its own set of principles and guidelines, to the point that pedagogical continuity is guaranteed today throughout the entire ECEC cycle everywhere in Germany.

The context varies significantly in Poland and Belgium (Flanders). In terms of organisational structure, both countries adopt a split system, where legal entitlement is granted at the start of the second ECEC segment, the preschool stage. However, it should be noted that in Poland, the service coverage rate may not be always sufficient to meet the needs of all families, despite their legal entitlement. Despite sharing a similar organisational structure, there are some notable differences between educational continuity in Flanders and Poland. Both countries have a significant disparity in minimum requirements for professional access, as the majority of individuals working in the 0-3 age group lack university qualifications and possess only a vocational diploma. However, Flanders has taken steps towards introducing a Bachelor university degree for early care workers, a change that is still distant from being implemented in Poland. While stricter minimum qualifications may imply greater educational continuity between the 0-3 and 3-6 sectors, the reality is that both countries still exhibit profound disparities in terms of professional conditions and providers within these age groups. In Flanders, there is also a contrast in terms of pedagogical continuity compared to Poland, as ECEC segments have distinct pedagogical guidelines. Despite some attractive aspects for families, such as high coverage in the 0-3 age group and efforts to subsidise costs and lower fees, the ECEC system in Flanders remains fragmented in terms of educational continuity. This is particularly evident in the formal transition from daycare to kindergarten, which marks the child's entry into the education system. In recent years, various experimental projects have been launched in Flanders in attempts to bridge the gap between these levels and address the issue of educational continuity. However, these initiatives are still in the implementation phase. In contrast, the situation in Poland is further complicated by a lack of coverage for 0-3 services and their uneven distribution across the country. These services are not bound by minimum quality requirements and are primarily fee-paying. As a result, there is a complete discontinuity

between the 0-3 and 3-6 age groups. Within the country, no public discourse has been initiated to address the issue of educational coherence and alignment between the two ECEC segments or to facilitate the transition from the home environment to kindergarten - a situation that is often the norm for children due to the extended leave available for parents. Consequently, children in Poland face a potentially more challenging transition directly from the home environment to a more educational-focused preschool environment compared to their counterparts in Flanders.

The situation in Italy, as seen, presents a unique scenario. The country has historically operated a split ECEC system, but is currently implementing a process towards integration. This transition brings about a number of complexities as it involves the mending of historical fractures between systems belonging to distinct institutional spheres. Additionally, it requires the reconciliation of diverse professional and organisational identities amongst practitioners. As things stand, the system does not grant legal entitlement to ECEC at any age, however, preschool coverage rates indicate that there is an adequate supply of 3-6 places across all regions of the country. Nevertheless, when considering children aged 0-3, the state of ECEC availability presents a contrasting picture and displays significant variation across the different regions of the country. Notably, in various central and southern regions, the provision of services is so inadequate that parents face limited opportunities to enroll their children before the age of 2.5. Trends of educational continuity can also vary significantly across regions. Whereas a clear divide between professionals working with children aged 0-3 and those working with children aged 3-6 exists in the whole country, in central-northern areas the concept of pedagogical coordination has been a longstanding concern. Families in this regions are more likely to encounter a sense of continuity in the approaches used when their child transitions between different ECEC segments. However, even in "stand-out" areas, co-location of services and opportunities for educators to get to know one another and engage in collective in-service training remain rare. In many instances, the traditional separation between "care" and "educational" services still strongly influences the operational practices of both sectors.

A pregnant woman is lying in bed, propped up on pillows. She is wearing a dark, sleeveless top and dark shorts. Her hands are clasped behind her head, and she has a thoughtful or slightly distressed expression on her face. The lighting is dim and blue-toned, creating a somber or contemplative atmosphere. The background is dark, suggesting a bedroom at night.

5.

Ensuring access
to guidance,
parenting
support, health,
and social care
information
during the
perinatal period

The perinatal period, comprising pregnancy, childbirth, and postpartum, is a pivotal time for families as they navigate the various physiological, emotional, and societal adjustments that coincide with the arrival of a new child. In recent years, the enhancement of the well-being of children and families during this crucial period has emerged as a significant topic of discourse in several European countries. In parallel, a growing recognition exists regarding the importance of a comprehensive approach to the provision of healthcare and social assistance in this phase, as the concept of well-being has expanded to encompass not only physical aspects, but also psychological facets, social relationships, and feelings of inclusivity and empowerment.²²⁰

Hence, a coordinated and integrated approach to the delivery of support during the perinatal phase - encompassing a range of health, social, and educational services for both the child and their caregivers - is increasingly recognised as imperative to ensure that families receive the necessary resources to flourish, both physically and emotionally. These services may include prenatal care and counselling, preventive healthcare measures, and mental health support tailored to promote the wellbeing of the parents and children. In particular, education on mental health can be beneficial in helping parents manage the psychological distress associated with childbirth. Additionally, ad-hoc parenting support activities that facilitate social connections and leisure opportunities can strengthen familial bonds and establish supportive networks.²²¹

Whereas a comprehensive approach is essential during the perinatal phase, integrating, or simply coordinating, provision of these services into a cohesive framework of parental support is a challenging task, fraught with obstacles. In the first place, the notion of early parenting support is extremely composite: it is not itself a policy field, but rather a policy space driven by a range of fragmented services. This complexity represents a longstanding issue within the area, with fragmentation evident at both the professional and organisational levels. As a result, services are often delivered in isolation, without a unified approach. This lack of collaboration can naturally result in a fragmented service experience for families, which not only creates confusion but

also proves to be inefficient. Creating cohesive parental support networks requires dismantling the traditional silo approach and constructing a framework for cooperation and protocols among various agencies and services, which naturally poses a significant obstacle. Another challenge for the integration of services within the perinatal support space pertains to the heterogeneous nature of services within its larger landscape. These can be broadly categorised as either universalist, primarily encompassing those related to the medical and health realm, or residual, addressing specific segments of the populations that are deemed to be in a vulnerable state and in need of targeted assistance. When devising paths towards organisational integration to achieve integrated family support models, this additional complexity must be taken into consideration. Indeed, policymakers are faced with the dilemma of determining the primary beneficiaries of perinatal family support and the direction in which collaborative frameworks should progress: towards universalist measures or towards residual care.²²²

One notable example of service integration that will be considered in this section are 'family centres,' which serve as central facilities bringing together a range of service providers under a single roof (without necessarily merging them). In many European countries, family centres demonstrate an integrated approach to addressing complex familial concerns, and can be very effective, in particular for parents with very young children. These 'family hubs' provide a diverse array of services, achieved through either formal collaboration between distinct administrative units or the merging of multiple organisations into a unified entity. As mentioned, services on offer can vary greatly, ranging from direct prenatal/pediatric assistance to information dissemination akin to that of convenience stores catering to basic needs, to referrals of complex issues to specialists,²²³ and ultimately, comprehensive support throughout the trajectory of case management for families and children. In countries where family support services consist in a mix of universalist measures and targeted preventive ones, integrated hubs such as family centres may differ in form from those found in places with entirely universalist frameworks. For instance, it is typical for these mixed-systems to

have joined-up responses occur not in one location but rather multiple “smaller” family hubs devoted either to care and reconciliation-related support (thus bringing together services such as childcare and socialisation/counselling for parents), or to preventative and primary care prenatal/postnatal care; pediatrics, mental health counselling. As an alternative possibility these services might all be located together but only serve as a ‘common entrance’ to different organisations that offer help (some which are means tested & targeted while others are universal).

5.1 A complex policy space between social and health care

The relationship between the social and health care sectors in regard to the provision of preventive family care is an important factor that contributes not only to the organisation of perinatal support services but also goes some way into explaining the differences that exist today among European countries. Countries with well-established structural linkages between the two sectors tend to have a smoother implementation of integrated forms of preventive provision. In contrast, countries where health care has traditionally been separated from social care, with the latter being mostly associated with assisting families in vulnerable situations, face challenges in fostering intersectoral cooperation and coordination, often requiring efforts to overcome existing silos and streamline organisational structures. The interplay between the sectors is not always the determinant factor in shaping the family policy space for perinatal care. In some cases, the reverse may be true, as the imperative to provide comprehensive support for parents during this phase has compelled and continues to prompt national systems to explore new avenues of integrating social and health services. This has resulted in the emergence and proliferation of distinct forms of support in certain countries,

which have come to symbolise their respective national models.

Finland stands out among European nations as a prime example of extensive integration between its health and social care sectors. This is reflected in its longstanding practice of interdisciplinary collaboration and integration of services, particularly in the comprehensive preventive aid offered to families during the pivotal period surrounding childbirth. In recent years, two significant legislations were passed that have had an impact on preventive family support in the country.²²⁴ The first piece of legislation, the 2021 National Strategy for Children (*‘Kansalinnen Lapsistrategian’*), serves as a comprehensive framework for promoting child rights and decreasing inequality at both national and local levels of governance.²²⁵ In January 2023, the Health and Social Services Reform (*‘Sosiaali- ja terveydenhuollon uudistus’*, also known as SOTE) was implemented as the second major reform. This reform aimed to restructure governance by placing greater emphasis on preventive care and addressing inequalities in accessibility among different municipalities. Its key objective was to centralise and streamline the administration of public healthcare, social welfare, and rescue services.²²⁶

The 2021 Finnish national child strategy seeks to establish a sustainable, equitable, and comprehensive foundation for child and family policies, by prioritising the implementation of fundamental human rights obligations and promoting a holistic and inclusive approach to family policy development. It outlines strategic policy actions in key areas such as combating discrimination and inequality, safeguarding the rights of children in a vulnerable position through preventative measures, and ensuring a safe growth environment for children through improved family-centred services and enhanced coordination among social welfare, healthcare, and education sectors.²²⁷ Meanwhile, the SOTE reform transferred the responsibility for providing social and healthcare services from Finnish municipalities to 21 self-governing “wellbeing services counties” (*‘hyvinvointialue’*).²²⁸ This shift was driven by the understanding that the smaller sizes of the municipalities (with a median population of 6,000 inhabitants) were inadequate in terms

of pooling resources and covering increasing expenses. These newly established well-being counties are independent entities governed by public law within their designated areas. Each county has a county council that is elected through popular vote and is responsible for making decisions regarding its organisational structure.²²⁹

The implementation of the SOTE reform has brought about a significant transformation in the operational framework of services catering to families and young children. Prior to the reform, the distribution of funding for services related to children, young people, and families in municipalities heavily favoured the education sector, with over 80% of the budget allocated to it compared to less than 20% for children's health and social services. This allocation of resources meant that educational services played a pivotal role in promoting the well-being of children through various measures, including inclusive education and anti-bullying programmes. However, there was limited interaction between professionals from the social and health services and children, with most contact occurring during annual health check-ups. As a result of the SOTE reform, these wellbeing 'services counties' have now been tasked with the responsibility of providing almost all social and health services for this age group, while municipalities retain control over essential services for children and young people, such as early childhood education, preschool, and primary education.²³⁰ In this new system, the promotion of children's and families' well-being relies heavily on effective collaboration between municipalities and wellbeing services counties, as they work towards shared objectives and acknowledge their joint responsibility. The Family centres (*'perhekeskukset'*) have gained strategic importance in this regard in recent years.²³¹ These integrated structures serve as hubs for multiagency and multiprofessional work, with a focus on addressing the needs of children and families. While county well-being services typically oversee the coordination of family centres, municipalities or non-governmental organisations may also manage open meeting places (*'kohtaamispaikat'*) within this framework.²³²

In Germany, the governance of the social care sector in relation to preventive family support is complex and decentralised. In contrast to

the integrated health and social care system implemented in Finland, Germany follows a more localised approach, where cooperation between these systems varies among different municipalities. The responsibility for most child and family related assistance lies with local governments, while social tasks are typically managed at the county or independent city level. However, municipalities are free to implement additional policies as needed. The Child and Youth Act serves as the primary regulator for youth welfare offices, which play a key role in addressing child-related issues and also take charge of family interventions, special care, and foster care.

In the mid-2000s, the German government began to recognise the evolving needs of families and households, leading to a series of expert reports and subsequent family policy initiatives. This included a focus on early support for families experiencing disadvantaged situations through the implementation of *Frühe Hilfen* (lit. 'early help')²³³ networks and social early warning systems.²³⁴ The BMFSFJ launched an action programme in 2006 to address this need. Over the past 15 years, Germany has seen the development of significant concepts aimed at improving inter-organisational provision for families with young children. These include the *Frühe Hilfen* networks, municipal 'prevention chains', and family centres. These concepts aim to improve coordination among the fragmented array of social support services, address barriers to families' access and utilisation of these services and provide a framework for personalised and equitable support. Family centres, in particular, have emerged as multifunctional hubs within local communities, offering a variety of services such as family education, daycare, training, and counselling, with implementation varying across different *Länder*.²³⁵

The *Frühe Hilfen* programme, first established in 2007 and later formalised in 2012 through the Act on Cooperation and Information in Child Protection (*'Gesetz zur Kooperation und Information im Kinderschutz'*)²³⁶, has the primary objective of providing coordinated and multidisciplinary assistance to families with young children in the early stages of development. This programme is specifically focused on optimising

the use of local resources by integrating various services such as pregnancy counselling, healthcare advice, early support, and child and youth welfare into established networks of organisations and professionals. In addition to *Frühe Hilfen*, municipalities across Germany have also implemented lifelong health strategies ('*Kommunale lebensphasenübergreifende Gesundheitsstrategien*'), commonly referred to as prevention chains ('*Präventionsketten*'), which aim to coordinate public and private support services available at the local level.²³⁷ However, unlike *Frühe Hilfen* which places a specific emphasis on children aged 0 to 3 and their families, prevention chains encompass all stages of life. Nonetheless, the actual implementation of these measures in municipalities primarily focuses on childhood and adolescence. Like *Frühe Hilfen* networks, the optimisation of local welfare resources is a key objective of prevention chains.

The Flemish government recently took steps towards a more structural integration of the health and social sector. The Welfare, Public Health and Family Department and the Care and Health Agency merged on 1 June 2023 into the Care Department. Other competences such as hospital funding, reimbursement of gynaecologist visits remain on the federal level.²³⁸ A longstanding tradition of collaboration across services characterises the provision of preventive family support at the local level. At the core of this cooperation is the autonomous governmental agency Opgroeien (formerly known as Kind en Gezin), which offers a wide range of services ranging from preventive family support, including the "growth package" ('*Groeipakket*'), to foster care and adoption. In order to provide families with professional assistance, Opgroeien employs a collaborative methodology, involving numerous partners and endorsing an integrative approach. Over the years, various measures have been implemented to support families, including the development of preventive family support ('*preventieve gezinsondersteuning*'), the establishment of consultation and counselling services, and an increased focus on addressing domestic violence. The basis for preventive family support can be traced back to the operation of consultation bureaus for newborn babies ('*consultatiebureaus voor pasgeboren baby's*').²³⁹

Addressing the needs of disadvantaged households has been growing on the Flemish public agenda since the 1990s. In 1996, this led to the proposal and subsequent establishment of ten preventive care centres, aimed at providing integrated prenatal consultations, consultations for young children, and group work. In 2002, these care centres were reorganised into Integral Low-Threshold Parental Support Points, or INLOOP teams ('*Integraal Laagdrempelige Opvoedingsondersteuningspunten*'). These teams comprised of medical professionals such as pediatricians, family doctors, and nurses, along with bridge builders ('*bruggenbouwers*'), including social assistants, intercultural staff members, and other social workers with specialised expertise in working with disadvantaged families.²⁴⁰

Starting in the early 2000s parliamentary initiatives began the establishment of frameworks for parenting support. By 2008, most Flemish municipalities had established local forums for discussing parenting support, and a structural system for recognition and funding of parenting shops ('*opvoedingswinkels*') was implemented. In 2013, the Flemish government merged parenting support into preventive family support through a decree, leading to the creation of the Children's Houses ('*Huizen van het Kind*') which focuses on providing holistic support in the areas of preventive health care, parenting support, and community building. These Children's Houses serve as centralised hubs, bringing together various universal and targeted services under one roof for easy access to essential resources for families.

The 2013 Decree sought not only to reorient existing preventive family support initiatives recognised or subsidised by Kind en Gezin but also aimed to open up the domain to all local initiatives aimed at promoting the well-being of families with children and adolescents, as well as expectant parents. This included support in areas such as parenting ('*opvoeding*') and preventive health care ('*preventieve gezondheidszorg*'). The Children's Houses collaborate with various partners, depending on the local situation, including consultation bureaus, municipalities, public social welfare services, initiatives in parenting support, childcare, and youth services. They also work with maternity and family care,

social services (e.g. CAW, CKG, CGG, youth care), schools and CLB (a center for student support), socially vulnerable groups, and socio-cultural work (e.g. family associations).²⁴¹

The Italian context shares similarities with that of Germany and Flanders, although it notably showcases a more pronounced divide between the healthcare and social welfare sectors.²⁴² This is evident not only in the distinct organisational structures of these sectors, but also in their varying degrees of institutionalisation, with the healthcare sector having a longer trajectory of being governed by legislative and structural guidelines. This disparity is particularly notable in regard to the provision of family support and preventive services, wherein the healthcare sector has traditionally held a stronger role compared to social services. In Italy, perinatal care is traditionally focused on promoting overall health and is integrated into the country's national health system, which guarantees universal healthcare coverage through local health units and their district structures. Financing, planning, and delivery of healthcare services are the responsibility of the respective local health authorities at the regional level. The social care and social assistance sector have traditionally exhibited a lesser degree of institutionalisation in comparison to the established healthcare framework. This has resulted in significant regional heterogeneity, posing significant challenges to the sector's capacity to provide consistent services across the country to deprived individuals and households.²⁴³

Prior to the late 2000s, Italy faced a significant gap in its regulatory framework for social services and social assistance, leading to varied local welfare "bubbles". The enactment of the social services framework law 328/2000 (*'legge quadro per la realizzazione del sistema integrato di interventi e servizi sociali'*) aimed to address these shortcomings by outlining governance rules, clarifying responsibilities between the state, regions, municipalities, and public-NGO partnerships, and introducing key measures such as essential levels of provision (*'livelli essenziali'*), a national social policy fund (*'Fondo nazionale delle politiche sociali'*), and area-based programming (also known as zonal plans, or *'piani di zona'*). The effectiveness of the 2000 framework law was impeded by three factors, namely the presence of

a non-binding list of 'essential services' rather than a legally enforceable entitlement to social care services, which restricted the state's authority to establish mandatory standards of provisions and objectives, unless they were incorporated within a mutually agreed minimum standards package with the Council of Regions.²⁴⁴ The process of regionalisation which has occurred since the 1990s and its impact on existing local welfare systems also added to the hindrances, as well as funding interruptions, which compromised the realisation of the planned service network and compromised strategic planning through zonal plans, particularly in vulnerable regions such as Southern Italy. In terms of integrated models of preventive services that coordinate social, health, and educational provisions for families during the perinatal phase, the Italian scenario demonstrates significant heterogeneity.²⁴⁵

At a formal level, two prominent types of services prevail: centres for family counselling and advice (*'consultori familiari'*), and multifunctional family centres (*'centri polifunzionali per la famiglia'*). These services are present across the country; however, disparities in resources and organisational structures across localities preclude the establishment of a singular national model. With respect to Family Counselling Centres (FCCs), their establishment through Law 405/1975 has resulted in the development of a distinct model of outreach service that caters to the protection of women's health, youth, and families.²⁴⁶ These centres are designed to operate as comprehensive territorial services and are led by a diversified team of experienced professionals including gynaecologists, health care assistants, obstetricians, paediatricians, paediatric nurses, psychologists, social workers, lawyers, and linguistic-cultural mediators. Each team member specialises in a particular area such as perinatal care, the first 1000 days of life, responsive parenting, protection of minors, and prevention and promotion of reproductive and pre-conception health.²⁴⁷ Constructed as an outpatient-type facility, FCCs are typically located in proximity to other health and social care services within the district. Generally, they offer space for group meetings and breastfeeding observation although there are significant regional differences in this regard.²⁴⁸

Significantly, while the presence of an ultrasound scanner is deemed essential for specific obstetric-gynecological procedures in FCCs, its availability in these facilities can greatly fluctuate. In addition to FCCs, a variety of integrated services aimed at families with young children are present in numerous municipalities throughout Italy. Despite lacking standardised structures and legal frameworks across the country, these services - commonly known as 'family centres' ('centri per la famiglia') or 'multifunctional family centres' ('centri polifunzionali per la famiglia') - are particularly prevalent in urban areas, where they offer a diverse range of non-health services and act as supplementary resources to FCCs, strengthening the support available to families with young children.

Poland's institutional framework reflects a comparable separation between its health and social care systems, in line with the observed situations in the other case study countries, with the exception of Finland. Nonetheless, Poland diverges from these nations in some important regards. Specifically, 'generalist' preventive care and support for families during the perinatal phase continues to primarily be viewed as a medical and health concern, hence governed by bodies aligned with the national healthcare system. In this respect, substantial efforts have been dedicated during the last decade towards enhancing antenatal care and expanding its utilisation across the country. In particular, the 2018 legislation on the Standard Organisational Framework of Perinatal Care, ('*Standardu Organizacyjnego Opieki Okołoporodowej*' - PCS) established regulations and guidelines for the organisation of perinatal services provided by healthcare providers, with a strong emphasis on the right of women receiving maternal care to actively participate in decision-making processes, receive comprehensive antenatal guidance, postpartum support for breastfeeding, access to pain relief during labour, as well as care that is respectful and dignified.²⁴⁹ Furthermore, in alignment with the PCS, midwives have been required to provide education during antenatal consultations regarding the availability of support services beyond the realm of healthcare.²⁵⁰

Social assistance for families, meanwhile, as outlined in the 2004 Act of Social Welfare,

operates with a more residual approach. It primarily operates at the local level, specifically through municipal social welfare centres that are established by municipalities to provide support to individuals in need. While the specific name of these centres may vary depending on the municipality, they are commonly known as *Miejski Ośrodek Pomocy Społecznej* ['Municipal Social Welfare Centre'] in urban areas and *Wiejskie Centrum Pomocy Społecznej* ['Rural Social Welfare Centre'] in rural areas.²⁵¹ The decision to establish these centres is typically initiated by the municipality itself, either through its own initiative or at the request of the mayor or president. Another notable distinction between Poland and the other countries examined in this report is the absence of emerging integrated interdisciplinary service models centred on families in the perinatal phase. While municipal (or rural) social welfare centres do often serve as coordinating platforms for existing municipal initiatives that cater to individuals and families facing social exclusion, the primary focus of services offered at these centres is information dissemination pertaining to subsequent administrative processes, such as referrals to other relevant public offices and service providers. In this regard, it is important to note that the majority of these social welfare centres are not multi-agency facilities providing services on-site, but rather function as technical bureaus or information centres underpinned by a general aim to contrast poverty and social exclusion.²⁵²

Social welfare centres have the authority to establish '*Miejskie Ośrodki Pomocy Rodzinie*' (MOPR), also known as municipal centres for family relief, as part of their designated responsibilities. These centres are designed to offer low-threshold services to families with young children, aimed at addressing their essential requirements and allowing them to maintain a decent standard of living. Despite their widespread presence throughout Poland, there exists a significant level of disparity in terms of their geographical distribution. Beyond these cases, the *Za Życiem* programme stands out as the sole prominent instance of a national-level, multidisciplinary family-centred support framework that has emerged in recent years in Poland. As such, it warrants discussion within the current context, including the political discussions it has sparked.

While the scope of this programme is limited to families with children facing severe disabilities, its application of an interdisciplinary approach to family assistance is unprecedented, with no comparably structured initiatives in the Polish landscape.²⁵³

5.2 Integrated facilities providing family-centred support and assistance

After a first look at the complex policy space for family support, this section takes a closer look at existing family-centred support models in the case study countries. The importance of providing comprehensive, cross-sectoral support to families during the perinatal phase and beyond has resulted in the development in different European countries of integrated hubs where a range of support and assistance services catering to families with young children are co-located in the same facility and functionally complement each other. These models, often known as ‘family centres’, have emerged in various forms across Europe. Some have evolved from existing services (outpatient pediatric clinics, daycare centres) that have gradually expanded their functions to accommodate new needs. Others have been established as multi-service platforms from the outset, in response to the cross-sectoral demands for family support that cannot be met by a single sector or service alone. These integrated facilities, regardless of their origin, all strive for a common strategic objective of dismantling siloed systems and bridging gaps between health, social, and educational services.

Focus on Finland: Family Centres and Meeting Places

In Finland, the term ‘Family Centre’ (*‘Perhekeskus’*) refers to a comprehensive service network that caters to the needs of children, young people, and

parents by providing early support and meeting welfare and assistance requirements. This network includes physical facilities where services are co-located, networks of services, as well as electronic platforms (*‘sähköisen perhekeskus’*). Additionally, open meeting places also fall under the umbrella of this service network. The services offered at Family Centres encompass various areas such as maternity and paediatric services (*‘äitiys- ja lastenneuvolapalvelut’*), mental health support (*‘psykologipalvelut’*), legal assistance (*‘perheoikeudelliset palvelut’*), and social services, including parenting and family counselling (*‘kasvatus- ja perheneuvonta’*), social guidance (*‘sosiaaliohjaus’*), home service, and child welfare services. In 2005, the initial strides towards the integration of health and social care services with early intervention for expectant and new parents were initiated with the introduction of a pilot family centre model, which sought inspiration from the Swedish Leksand approach.

By the early 2010s, Finland had four different models of family centres, including those specialising in maternity and child health care, early childhood education and care, multiprofessional services, as well as specialised family centres.²⁵⁴ In 2016, the Ministry of Social Affairs and Health launched the Agenda for Change in Child and Family Services (*‘Lapsi- ja perhepalveluiden muutosohjelma’* or LAPE), which prioritised the establishment of family centres as a key element in their strategic initiative to provide early support for children and families and proactively address inequality issues.²⁵⁵ This nationwide programme aimed to reform child and family services by promoting multidisciplinary and integrated provision. As part of this effort, an integrated family centre service model was developed to bring all services under one unified approach. The Family Centre model developed as part of LAPE combines universal health care services, targeted family work, counselling, and child welfare. The main objective is to provide personalised support and assistance to every child and family based on their unique needs.²⁵⁶

Another important goal is to establish family centres as easily accessible service hubs, with the aim of promoting positive parenting and well-being. Prevention, early support, and a diverse range of

services, including digital and non-governmental organisation services, are essential components of this approach. Family centres serve six primary roles, including monitoring and promoting the health and well-being of children and families through comprehensive health checks and school health care; supporting positive parenting and fostering healthy parent-child relationships by facilitating peer connections among parents; providing rehabilitation, treatment support, and guidance on accessing social services; offering early support for shared parenting after divorce; providing advice and preventive assistance for families facing domestic or intimate violence concerns; catering to the needs of diverse families, including those with multicultural backgrounds; and facilitating community and peer support for parents through open meeting places.

A Finnish family centre's network may include (one or more) 'open meeting places' (*'kohtaamispaikka'*) as part of their services in addition to social and health support.²⁵⁷ These spaces can be located within the main family centre's facility, integrated as part of a cohesive hub, or established in separate locations. Their purpose is two-fold: (i) to expand the reach of social and health care support to the wider community, engaging children, young people and families beyond the main facility, and (ii) to serve as dedicated spaces for group activities, events, and extracurricular socio-educational activities for children and youth, as well as offering free local professional advice and information. The open meeting place therefore acts as a smaller-scale, easier-to-access, local hub for activities related to the family centre's services. The personalised services offered at family centres cater to individual needs, while open meeting spaces function as a platform for community involvement and offer activities and support for groups, emphasising social connections and fostering a sense of local cohesion. Open meeting places do not serve as the primary providers of social and health care services for families and children. Rather, they function as collaborative spaces within the larger network of family centres.²⁵⁸

Focus on Germany: the gradual expansion of Family centres

The concept of family centres (*'Familienzentren'*) has also been gaining attention in Germany as a valuable approach to providing multi-disciplinary support to families.²⁵⁹ Much like in Finland, the roots of the idea are in the mid-2000s, when the German Federal Ministry for Family Affairs released their seventh German family report, which highlighted the need for direct support and assistance for families in navigating challenges arising from evolving labour market conditions, gender roles, and life trajectories. This was further exacerbated by various factors such as the "PISA shock", changing expectations of responsible parenthood, the need for mobility in the workplace, migration trends, and child poverty, it became clear that traditional forms of support were not sufficient.²⁶⁰ In response to these social transformations, policies at the state level began to focus on developing institutions that catered to the whole family, providing child-centered and parent-supportive services in one location, alongside supplementary services to create a nurturing and protective environment for the family unit as a whole.²⁶¹

During those years, various municipalities across Germany began to establish integrated settings that offered early years services for children and their families, while promoting collaboration between day-care facilities, birth clinics, and other social protection services. These facilities, commonly referred to as family centers, were given different names depending on the municipality, such as centres for parents and children (*'Eltern-Kind-Zentren'*), family kitas (*'Familienkitas'*), or centres for children and families (*'KiFaZe'*).²⁶² These centres were often modelled after the successful British Early Excellence Centers, reflecting the growing recognition of the importance of supporting families in a holistic and collaborative manner. It was in response to these grassroots transformations that Länder policy began to place emphasis on the development of institutions that focus 'on the family as a whole', where child-centered and parent-supportive services are offered at one location, along with supplementary services, creating a nurturing and protective environment for the entire family unit.²⁶³

The year 2006 marked the beginning of a systematic effort in North Rhine-Westphalia (NRW) to establish family centres, making it the first federal state to do so. Following a successful pilot phase spanning from 2006 to 2007, where quality requirements for certification (*‘Gütesiegel Familienzentrum NRW’*) were developed, family centres were formally integrated into the NRW Child Education Act of 2007.²⁶⁴ The NRW Family Centre Model, since its inception, has focused on expanding upon the functions of traditional daycare centres by incorporating service offers from various providers of family education and counselling, as well as other support systems such as “Early Intervention” programmes and “Municipal Prevention Chains”. This evolution into “day-care centres+” (*‘plusKita’*) institutions is founded on the belief that day-care has the potential to provide highly valued family support and should thus transition into family centres for the convenience of local families.²⁶⁵ Certified facilities that receive the NRW Gütesiegel are granted dynamic annual funding for a period of four years. As of the 2022/23 school year, more than one-third of all daycare centres (approximately 4,000 out of a total of 10,600 facilities) operate as family centres. These “plusKitas” are typically allocated an annual targeted funding of about 20,000 Euro to facilitate additional activities focusing on families. This model has distinctive features, particularly in terms of personnel: it is common for the regular daycare staff to be responsible for delivering the supplementary supportive and educational activities, rather than consultants or specialists in social protection services. Their professional roles are expanded to encompass these additional tasks.²⁶⁶

In contrast to NRW, the Land of Lower Saxony has seen flourishing family centres at both the municipal and district levels, even without a framework law or state-level financial support.²⁶⁷ Despite these differences, the developmental path of family centres in Lower Saxony did follow a similar trajectory, primarily through the expansion of the functions of existing day-care facilities. A noteworthy example of this approach is the city of Hannover, where special funding has been allocated since 2006 to support day-care centres in transitioning into family centres and providing comprehensive services and support systems for families within their social circle. Similarly, the

district of Osnabrück has also utilised local grant funding since 2012 to facilitate the expansion of day-care centres. According to a 2021 survey by the Lower Saxony Institute for Education and Development (Nifbe), approximately three-quarters of family centres in Lower Saxony are affiliated with existing day-care facilities, with 60% of them situated in urban areas. One potential limitation of this approach is that it relies on the gradual incorporation of new functions into existing day-care centers, potentially limiting the outreach to families who do not have their children enrolled in such institutions or are not familiar with them. Furthermore, the establishment of family centres hinges upon the availability and willingness of a day-care centre to expand its services, making it difficult for these centres to emerge independently.²⁶⁸

Berlin offers an alternative model, with the first “framework law” for family centres being introduced as early as 1999. This concept was heavily influenced by the British Early Excellence settings as well. In 2012, the Berlin Senate initiated a project to implement family centres in all twelve districts of the city. The programme was administered by the Berlin Family Service Agency and aimed to create separate multi-disciplinary settings where families could access a wide range of resources, such as educational assistance, parent meetings, and health education, all in one convenient location. By 2023, 49 family centres (approximately four per district) are in operation, with a yearly budget of up to 93,500 Euro solely for the growth and development of their existing facilities. Brandenburg presents another distinct model, with the launch of a programme in 2019 to establish family centres catering to low-income families. Over 30 such institutions have been set up in multi-generation houses (*‘Mehrgenerationenhäusern’*) with a focus on socio-spatial anchoring. The Service Centre for Family Centres in Brandenburg is responsible for coordinating these efforts.²⁶⁹

In Hamburg, parent-child centres (*‘Eltern-Kind-Zentren’* or EKIZ) have been available in all districts since 2007. These centres have primarily evolved as ‘safe’ spaces in challenging neighbourhoods, where families with children under three years old can access support services, such as education and counselling on child rearing, without having

to register or be enrolled in day-care. As of 2023, there were 44 EKIZs operating in the city, with plans for further locations. In addition to EKIZ, there are nearly 50 other structures, including Child and Family Support Centres ('*Kinder- und Familienhilfezentren*' - KiFaZe), Parents' Schools ('*Elternschulen*'), which offer a wide range of activities for parents and children, and confessional Family Education Centres ('*Familienbildungsstätten*'). Finally, there are Mother's Centres ('*Mütterzentren*') that provide valuable help to families through various events, leisure activities, and courses for both children and adults.²⁷⁰

Focus on Flanders: Children's Houses

Children's Houses are collaborative networks, partnerships ('*samenwerkingsverbanden*'), established between various organisations and local authorities from an organisational perspective. They function as local, multipurpose facilities and providing comprehensive support in the area of preventive family services. The initiative to establish a Children's House may be undertaken by any relevant local authority or stakeholders involved in preventive family support. This model is widely accepted, with nearly all 300 municipalities in Flanders actively involved in the management and operation of Children's Houses. Children's Houses typically provide services for families with young children, particularly those aged 0-3 or 0-6 years, as well as families with children in higher grades. The selection of target groups is heavily influenced by the core partners.

In 2022, approximately 20% of Children's Houses prioritised perinatal operations, while 25% had limited attention towards this aspect. The majority, or nearly 60%, of Children's Houses did not have a designated perinatal programme in operation. Nonetheless, a significant number of these establishments offered services to expectant mothers. It is important to note that the absence of a specific perinatal programme in a Children's House does not necessarily signify a lack of support for pregnant women and their families.

Interestingly, intermunicipal Children's Houses are more likely to have established perinatal activities.²⁷¹

Children's Houses offer a diverse array of services centred on three core pillars: 1) Preventive health care ('*Preventieve gezondheidszorg*'), 2) Parenting support ('*Opvoedingsondersteuning*'), and 3) Activities promoting social interaction and cohesion. These encompass the essential services provided by the governmental agency, Opgroeien, which include preventive healthcare through outpatient clinics such as infant counselling offices ('*consultatiebureaus*'), prenatal support centres ('*prenatale steunpunten*'), "parenting shops" ('*opvoedingswinkels*'), drop-in 'INLOOP' teams, maternity care expertise centres, and various projects aimed at supporting parents. Moreover, Children's Houses have the potential to incorporate additional preventive healthcare services provided by various civil society organisations, local authorities, and liberal professions.

The Counselling offices within Children's Houses are normally composed of a multidisciplinary team, encompassing nurses, family support workers, and doctors. The primary responsibility of the doctors in this team is to conduct medical preventive examinations and administer essential vaccinations to the children. In carrying out their duties, these offices rely on the valuable assistance provided by volunteers who partake in reception tasks and aid in measuring and weighing the child. Accreditation and subsidies for these offices are obtained from Opgroeien, an organisation that provides support in crucial areas such as operational expenses, infrastructure, physician remuneration, and training. The Opgroeien agency extends subsidies to low-threshold INLOOP-team points located in 16 disadvantaged neighbourhoods in Flemish cities and the Brussels Capital Region. These teams operate within Children Houses or standalone facilities.

The primary purpose of INLOOP-teams is to provide assistance to expecting disadvantaged parents and disadvantaged families with children aged zero to three, through means such as peer-support exchanges, mentorship, and coaching. The INLOOP-teams serve as

centres for parenting and upbringing support, offering services such as consultation hours, individual and group support, guidance on accessing social services, an anonymous helpline ('*opvoedingslijn*'), and specialised training for welfare professionals, support workers, and teachers. The training sessions cover topics including but not limited to parenting support, family dynamics, and communication with clients. In 2013, the implementation of Children's Houses in Flanders prioritised the provision of services over the cultivation of internal coordination among partners. Subsequently, there has been a discernible growth in the dedication to coordination, albeit with varying levels among partnerships.

Presently, the majority of Children's Houses have designated an official coordinator ('*coördinator*'). Depending on the context, these coordinators may occupy a full-time position or may fulfill their duties alongside other roles; in urban settings, it is predominant to have a full-time coordinator. Coordinators do not possess the authority to make decisions regarding budget or personnel matters, as such responsibilities are typically not delegated to them. Their role primarily involves identifying and communicating needs and proposing strategic decisions within the House. While Children's Houses offer a standard level of preventive support services, they also conform to the unique requirements of their respective localities.

However, most Houses do not have a structured or analytical approach for identifying needs. Instead, they rely on conversations among affiliated partners. Therefore, establishing a competent network of partners is crucial. Houses having a physical location is a significant advantage, serving as hubs for preventive support.

This approach allows professionals to have a tangible understanding of each other's work and promotes seamless sharing of knowledge and organisation of joint activities when partners are co-located. Moreover, for families, having a central location where a variety of services are accessible through a single point of contact reduces barriers and improves accessibility to these service offers and connection with partners.

Focus on Italy: Family Counselling and the piecemeal emergence of family centres.

Since their establishment in the 1970s, *Consultori familiari* (Family counselling centres FCCs) have gained recognition for their emphasis on preventive measures and health promotion initiatives. Through the integration of various disciplines and practices, these centres have played a crucial role in offering low-threshold specialised prenatal care throughout the country. Operating within the framework of the National Health Service, FCCs employ a salutogenic approach²⁷², providing comprehensive perinatal assistance through multidisciplinary care, including assessments, educational classes, breastfeeding support, and postpartum aid.²⁷³ Furthermore, these centres conduct extensive promotional campaigns, supported by the Italian Ministry of Health. In terms of personnel, the core consulting team within various FCCs may vary slightly in composition or level of completeness. Typically, the facilities are staffed by four primary professional roles: gynecologists, midwives, psychologists, and social workers, who collectively form the core team of counselors. Additionally, there may be a varying number of nurses, healthcare assistants, and part-time or contracted specialists who contribute to the team. The most commonly seen roles among this group are pediatricians and cultural mediators. On average, there is one complete team available for every two counselling facilities. It is worth noting that certain territories, including Valle d'Aosta, PA of Trento, Veneto, Friuli Venezia Giulia, and Molise, report a higher availability of complete teams.²⁷⁴ The territorial coverage of family counselling centres has been a significant factor in their success, establishing them as essential resources for the general population and providing nearby protection for the overall well-being of women, children, couples, and families. As of 1993, there was an average of one Centre for every 20,000 residents nationally. In 2017, the Italian Ministry of Health mandated psychological assessments in FCCs for pregnant and postpartum women, aiming to detect and prevent perinatal mental disorders early. Placing a strong emphasis on the integration of mental

health in women's care, the directive has led to the facilities being recognised as the primary hub for perinatal mental health care in the country.²⁷⁵

Despite the acknowledged effectiveness of their core principles - which prioritise a comprehensive, multidisciplinary, and non-directive approach - the establishment of FCCs has had a non-linear trajectory, with uneven distribution throughout the country over the years. This inconsistency and lack of uniformity can be attributed to various factors, including regional regulatory frameworks, distinct organisational features across different territories, discrepancies in the allocation of human and financial resources, and the absence of well-defined and measurable operational objectives from a public health perspective. This heterogeneity poses two significant challenges. Firstly, it hinders accurate depiction and evaluation of FCC activities at both national and regional levels. Secondly, it presents difficulties in countering the decline in the territorial spread of Counselling Centre offices and teams in recent years, caused by mounting financial limitations.²⁷⁶ In this respect, recent data show a progressive decline in the territorial distribution of counselling centres over the past three decades. In 2008, the ratio of centres to inhabitants has decreased to one centre for every 28,000 residents. The National survey on Family Counselling Centres (*'Indagine nazionale sui consultori familiari 2018-2019'*) conducted in 2018-2019 reports that, on average, there is one FCC for every 32,325 residents in the country. However, this average number varies across regions and autonomous provinces, with only five regions and one autonomous province having an average of 25,000 residents per FCC, while an additional five regions and one autonomous province have an average of over 40,000 residents per FCC. This results in a catchment area per service that is more than double the number required by legislation.²⁷⁷ Despite regional disparities and a growing resident-to-centre ratio, FCCs remain widely popular and relevant in the realm of Italian public health for families. The territorial healthcare reform, introduced through Decree No. 7 on May 23, 2022, titled "Regulation defining models and standards for the development of primary care in the National Health Service" (*'Regolamento recante la definizione di modelli e standard per lo sviluppo dell'assistenza territoriale nel Servizio*

sanitario nazionale'), has the potential to usher in a fresh beginning for FCCs.²⁷⁸ The objective of the Decree is to address the primary difficulties associated with the decentralised model, including the absence of consistent service standards across the entire country, resulting in limited development of primary care networks in regions that are less prosperous. Additionally, there is a lack of integration between social assistance and healthcare services to meet the changing care requirements of individuals over time, particularly in relation to chronic, disease, frailty, and disability conditions. To tackle these issues, the reorganisation of territorial services includes the establishment of socio-health districts, which are regional areas comprising approximately 100,000 individuals. These districts are expected to host a network of essential health promotion services, including FCCs.²⁷⁹

In recent years, municipal-level authorities have shown a growing trend towards promoting ancillary social services for families as a means of complementing and integrating health-oriented preventive initiatives conducted by FCCs. These services, commonly referred to as family centers or "polyfunctional centres for families" (*'centri per la famiglia or centri polifunzionali per la famiglia'*), operate under the jurisdiction of local municipalities. Notably, each family centre possesses unique characteristics and capabilities, leading to significant diversity in terms of their organisational structure and influence within the local social welfare system. Variation in the prevalence and significance of these centres is also evident across different regions and municipalities, with some areas prioritising their development as crucial "hubs and connectors" for a broad range of social services designed to support families, while others do not consider it a strategic objective. The organisational structure of these family centres differs across regions, with some like Emilia Romagna utilising family centres as catalysts to create a horizontal network of interconnected services. These facilities operate within a framework of territorial collaboration between autonomous entities, typically at the local district (province) level. In contrast, other regions view these multi-disciplinary initiatives solely as municipal services under their exclusive control. In this role, municipalities work together with third sector organisations and other entities.

To effectively integrate multi-disciplinary family centres with other local entities, such as FFCs, educational services, and municipal services, collaborative efforts are often initiated through ad hoc projects. Irrespective of their structural arrangement, multifunctional family centres usually function as offices staffed with a coordinator, administrative personnel, and subject matter experts, and serve the following fundamental functions: (i) the identification and mapping of available care resources within the area, achieved through a single information desk service or in collaboration with other information desks to establish a comprehensive network of services (both public and private) catering to the needs of families; (ii) the guidance and enhancement of families' organisational capacity to address risk situations; and (iii) the provision of opportunities for individual and peer-based support through meetings and discussions aimed at families.

Focus on Poland: The Za Zyciem program - integrated support for families with children with disabilities

The provision of postnatal care and family support services in Poland is currently characterised by a fragmented and disparate approach, resulting in unequal distribution. This has led to the utilisation of various channels for the dissemination and receipt of guidance and information. However, since 2016, government efforts have focused on the integration and organisation of a comprehensive range of instruments aimed at assisting families with children with disabilities. In November of 2016, the Sejm, the lower house of the Polish parliament, approved the Act on Supporting Pregnant Women and Families, commonly referred to as 'Za Zyciem' ["For Life"] or ["Behind Life"]. The primary aim of this legislation was to provide extensive support for pregnant women and families, with particular attention given to those facing complicated pregnancies, obstetric complications, or the challenges of caring for a child diagnosed with a severe, irreversible disability or a life-threatening disease that originated during the prenatal period,

fetal development, or at birth. Za Zyciem stands as the most pioneering and all-encompassing initiative in Poland aimed at assisting individuals with disabilities and their caregivers. The comprehensive supportive services offered by the programme encompass various forms of care, encompassing prenatal screening, specialised outpatient care, hospitalisation (including intrauterine interventions), hospice, palliative, and respite care. In addition, psychological counselling, medical rehabilitation, and the provision of medical equipment are incorporated, with specific acknowledgment of the crucial role of a family caregiver. Furthermore, the housing needs of the programme's beneficiaries are also taken into careful consideration. The eligibility criteria for children to receive support under the Za Zyciem programme includes possession of a medical certificate confirming either a severe and irreversible disability or an incurable life-threatening disease, originating during the prenatal or childbirth period. This requirement is of utmost importance within the programme's framework.²⁸⁰

The Za Zyciem initiative aims to address six priorities and encompasses a total of 31 distinct actions, designed to promote coordination among care providers and other essential services for families in need. These services include rehabilitation, breast milk nutrition, and childcare facilities for children under three years old. A critical aspect of this initiative is the establishment of 380 regional 'coordination, rehabilitation and care centres' ('powiat ośrodki koordynacyjno-rehabilitacyjno-opiekuńczych' - OKROs), which are tasked with providing support to households with a particular emphasis on minors aged 7 or below. Furthermore, the programme includes the establishment nationwide of a network of 30 specialised 'DOK' centres for Coordinated Children's Care ('Dziecięcą Opiekę Koordynowaną') dedicated to delivering coordinated neonatal and pediatric care for children with severe disabilities and women with complex pregnancies. The implementation of Za Zyciem coordinating centres has encountered numerous financial, organisational, and technical challenges, resulting in slower than expected progress. By mid-2020, coordinated care services for women with complicated pregnancies were unavailable in six out of the 16 voivodeships

(regions). Furthermore, only 307 of the initially planned 380 poviats had been established. Additionally, there remains a lack of precise guidelines from the Ministries of Education and Health on the qualification criteria for children to be included in the programme, as well as a defined catalogue of eligible health conditions. Moreover, despite initial plans to have eight specialised DOK centres by the first half of 2020, this number has decreased to six due to difficulties in securing necessary specialists and financing current activities. Despite a rise in the number of children qualifying for coordinated care, only approximately 1,700 have benefited from the programme by the end of 2020.²⁸¹

5.3 Networks of coordination for family assistance

The preceding section examined models of organisational integration for family care, specifically focused on the development of “family hubs” that consolidate services from various public sectors, including health, social, and education, in a shared location; a model that offers significant accessibility benefits for families during the perinatal phase. While the co-location solution is effective in breaking down silo logic and promoting cooperation among professionals from different public administrations, it is not the only option. An alternative avenue includes the development of coordination platforms between existing services in a given territory, where each maintains its own physical space but engages in joint planning and operational alignment. To a degree, the concept of a “network” approach is also evident in several integrated “hubs” previously described, which do not exclusively operate by physically consolidating all relevant family services in one location- but rather tend to employ a hybrid method whereby certain services are directly offered at the family centre, while others maintain their own individual locations, yet remain under to the hub’s “umbrella”.

It is also worth mentioning that it is a common practice in local government to have dedicated offices that provide information to the general population on social care, education, and family support. These offices, previously mentioned in relation to Polish municipalities, could serve as de facto coordination platforms between existing services within a given territory. The forthcoming section, however, shifts the focus from public administration offices to early family support networks that have been implemented specifically to address the issue of silo logic and intersectoral fragmentation within the family care system. Both examples originate from Germany, and while similar coordination networks may exist at a local level in other countries, the focus is placed on the national scale that this phenomenon has reached in Germany.

Spotlight on Germany: *Frühe Hilfen* Networks

As mentioned before, the establishment of the *Frühe Hilfen* programme in Germany dates back to 2007 and was subsequently codified in 2012 through the enactment of the Act on Cooperation and Information in Child Protection.²⁸² The *Frühe Hilfen* programme has striven to achieve a two-fold objective from the very outset: to provide coordinated and multidisciplinary assistance to families with young children during the earliest stages of development and to optimise the utilisation of local resources. This programme operates by integrating a range of services, including pregnancy counselling, healthcare guidance, early support for children, and youth welfare into local early help networks (*Netzwerke Frühe Hilfen*) of organisations, professionals, and services. These Regional early help networks facilitate the coordination of resources and foster interdisciplinary collaboration among relevant local service providers. Additionally, these networks may also involve family midwives, family health nurses, child nurses, and other qualified professionals. Each network is overseen by a designated coordinator, who is responsible for promoting cooperation among local organisations and specialists. As of 2017, nearly 560 municipalities with a youth welfare office had

established early help networks. The coordination offices responsible for facilitating these networks are typically located at the local youth welfare office and are staffed with highly experienced and well-trained professionals. These offices serve as the necessary infrastructure to support the functioning of these networks.

Previously mentioned, one of the primary objectives of Frühe Hilfen is to optimise the utilisation of available human and material resources by integrating them into established structures and services. This programme is based on the fundamental belief that providing timely assistance to vulnerable families is most effective when all relevant organisations and individuals work collaboratively and with a high level of coordination. In pursuit of this objective, Frühe Hilfen networks aim to establish an interconnected organisational environment that facilitates the successful implementation of multidisciplinary early assistance. This emphasis on minimising distances and promoting prompt access to assistance is accompanied by a focus on avoiding isolated and independent practices among specialists, as is often observed in traditional postnatal care where family midwives operate in isolation.

Frühe Hilfen networks also place a strong emphasis on outreach as a crucial component of family support strategies. Such an approach aims to alleviate the burden on families by not placing the onus on them to actively seek assistance or overcome potential accessibility barriers. Instead, collaborative efforts within local networks are established whereby qualified professionals, including midwives and pediatric nurses, make deliberate efforts to connect with vulnerable families in their homes during the critical early stages of family life. These experts are instrumental in identifying and addressing any potential challenges that may affect the child's development in a timely manner but also, by operating within the framework of early assistance programmes rather than in isolation, they are in a privileged position to initiate the vital process of engaging with at-risk families and integrating them into a multidisciplinary network of services, towards a comprehensive and multifaceted form of assistance.

Currently, a large portion of German towns and cities feature established early intervention services that include a Frühe Hilfen network that consolidates, promotes, and organises family assistance services within the respective locality. The Federal Foundation for Early Support ('Bundesstiftung Frühe Hilfen') provides financial support to municipalities in various federal states, with an annual allocation of 51 million Euro. The aim of this funding is to promote preventive initiatives within the field. This programme serves a critical function in facilitating the distribution of financial assistance and resources, thus ensuring the provision of vital services to vulnerable families.²⁸³

The implementation of the German Action Plan pertaining to the Child Guarantee offers a platform for internal discussion among relevant stakeholders in Germany's family policy arena, with regards to key areas for enhancing the Frühe Hilfen programme. A notable aspect that surfaced from these discussions was the urgency to homogenise the heterogeneity of services offered at local level in order to establish a more homogeneous nationwide model. This standardisation would have facilitated parents' recognition and use of the services offered under the Frühe Hilfen label. Nevertheless, there have been expressions of concern regarding missed opportunities and diversion of resources towards alternative channels.

Additionally, experts stress the need to address the ongoing issue of limited access to counselling, care, and health promotion services for vulnerable children. Strategies should be implemented to reach underserved groups, with a focus on establishing services within their own communities and implementing targeted outreach initiatives. Taking into account areas for improvement will significantly enhance the effectiveness of the Frühe Hilfen programme in providing support for families and promoting positive outcomes for young individuals. In addition, while early intervention services have been shown to have positive effects for parents with children up to three years of age, it is crucial to maintain these benefits by implementing follow-up structures once the child reaches the age of four. To this end, it is imperative to establish social work-supported programmes that offer

family counselling, advocacy, and access to resources addressing social and healthcare needs for children starting at this age.²⁸⁴

Spotlight on Germany: Municipal Health Strategies 'Präventionsketten'

Municipal lifelong health strategies, also referred to as *Präventionsketten* ['prevention chains'], represent another manifestation of coordinated provision in a network-like fashion. In a similar manner to *Fruhe Hilfen* networks, these strategies aim to establish a structure that facilitates the integration of both public and private support services within the local municipality. The origins of the *Präventionsketten* can be traced back to 2002, when the Federal Centre for Health Education (BZgA) initiated the creation of a database to collect information on local projects aimed at reducing health disparities. The following year, in 2003, this effort was supplemented by the establishment of the (*Kooperationsverbund Gesundheitliche Chancengleichheit*), which aimed to actively coordinate efforts across all 16 German federal states to address health disparities among districts. Special attention was given to improving the health and well-being of vulnerable populations, namely children, unemployed people, and older persons. This initiative continued in 2004 with the establishment of Regional Nodes (*Regional Knoten*), financially supported by both the ministries of health and sickness funds in each Land. These nodes were collaboratively funded by both the ministries of health and sickness funds within each state. Over the years, this programme has undergone revisions, most notably the renaming of the regional nodes to Coordination Centres for equity in health (*Kordinierungsstellen Gesundheitliche Chancengleichheit*).²⁸⁵ These centres hold a range of responsibilities, encompassing the promotion of health, the dissemination of information, and the provision of advice and support to local programmes. A primary objective since their establishment has been the identification and dissemination of information regarding effective small-scale initiatives aimed at promoting health equity. In this pursuit, a comprehensive set of

criteria for effective health promotion has been gradually formulated over the past two decades. Of particular importance among these criteria is the establishment of integrated municipal strategies for health promotion which prioritise collaboration between professionals and services, along with their gradual integration into multidisciplinary prevention networks. Furthermore, a low-threshold approach is emphasised, aiming to eliminate barriers that may impede individuals from seeking necessary assistance. Finally, a settings-based approach²⁸⁶ has been advocated, promoting structural changes within municipal areas to improve overall health.²⁸⁷ Focusing on the municipal community has been proposed as a highly effective approach to initiate family support and develop integrated strategies for marginalised sectors of society. A recurring issue in this context is the fragmentation between health and welfare departments, which often leads to vulnerable families and children not receiving the necessary assistance during transitions between health and social services, or upon entering early education and care settings.²⁸⁸ In response to this challenge, the concept of 'chains of prevention and health promotion' (*Gesundheitsförderungs und Präventions-Ketten*) has been introduced. This concept seeks to promote multidisciplinary support and health promotion across various services and life stages, with the goal of fostering collaboration and coordination among diverse stakeholders. Through this approach, seamless assistance and holistic well-being for families and individuals in need is envisioned.²⁸⁹

In sum, the concept of "chains of prevention" is an important framework within an integrated municipal strategy, focused on the gradual integration of diverse municipal services. This approach aims to create a cooperative network of health promotion activities that can provide effective support, guidance, and care to children and families in need. This strategy also acknowledges the individuality of each municipality, requiring them to develop their own unique pathways for establishing connections between stakeholders, based on their available resources and specific challenges. However, despite the inherent diversity among local settings, there are common organisational challenges that municipalities face when attempting to build cross-sectoral linkages and promote cooperation between specialists

from various areas. Therefore, it is crucial for municipalities to share successful experiences and learn from one another in order to overcome these challenges and effectively design and manage cooperative networks. This process has the potential to greatly benefit municipalities that may be unsure of how to establish such networks, as there is ample opportunity to learn from one another and improve procedures and overall organisation.²⁹⁰

It should be noted that the implementation of 'Preventionsketten' initiatives among municipal governments is increasing, although presently at a limited rate. While there is a lack of reliable data concerning the extent of 'chains' that have been implemented at a municipal level thus far, it can be confirmed that Praventionskaetten does not currently exist in every municipality in Germany. The horizontal nature of these networks, coupled with the absence of evaluation by local authorities, presents challenges for monitoring by higher authorities at a municipal level. Nevertheless, a few successful and noteworthy practices have arisen and are currently being highly debated. One such initiative is the KeKiz project ("Leave no child behind! Municipalities in North Rhine-Westphalia providing equal opportunities for all children" or '*Kein Kind zurücklassen! Kommunen in NRW beugen vor*') a noteworthy example of a multidisciplinary initiative to enhance opportunities for disadvantaged teenagers through the implementation of municipal prevention chains. Launched in 2012, this project has undertaken efforts to streamline the coordination and funding of support services through a centralised office in 40 municipalities within the State.²⁹¹

5.4 Building the perinatal policy space

The relevance of supporting families during the perinatal phase has garnered increased policy interest in recent times, coinciding with a growing consideration for the issue of work-life

balance and access to early childhood education and care services. Prior to the conception of specific service models (like family centres), this newfound attention has brought forth the need for a redefinition, in an integrated sense, of the policy space surrounding family care during the perinatal phase. This chapter conceptualised this space as a convergence point between the health and social care domains, bringing together a diverse array of services involved in promoting the welfare of families during this crucial stage, engage in dialogue and cooperation, emphasising their functional complementarities.

After outlining the general context in which perinatal care and support for families is delivered in the case study countries, the chapter noted how national models of integrated delivery of these services have emerged in four of the five case studies - albeit with different degrees of diffusion and territorial uniformity, and with different target populations. The presence of such integrated forms of delivery clearly has a strong impact on the shaping of the perinatal policy space and especially on the experience of families in navigating it. A highly integrated policy space in which alignment and collaboration between the health and social care systems is the norm, and in which families can access most if not all the services they need in a service targeted for them - provides a very different experience from a fragmented space characterised by poor alignment/cooperation and lack of cross-sectoral communication.

In Finland, the perinatal sphere is marked by a closely integrated health and social sector. This has been further strengthened by recent reforms that have implemented well-being service counties, designed to achieve greater consistency in services across different regions. A key aspect of Finland's approach since the early 2000s has been the widespread availability of family centre services, often accompanied by meeting places. These services have a strong presence throughout the country, providing families with comprehensive support.

The situation in Germany differs significantly from that of Finland with regard to the alignment between the health and social system. Unlike Finland, the alignment in Germany is not structural and plays

a crucial role in defining the “perinatal” space within which families operate. An important factor contributing to this divergence is the absence of a cohesive integration between the social and medical intervention strategies in the German health care system. In addition, the system itself is highly fragmented, often described as a “system of complex multiple control”.²⁹² This fragmentation is evident in various aspects of the system, such as its corporatist governance structure and its limited state control which delegates rule-making authority to non-governmental organisations and committees. As a result, governing and coordinating with other state sectors, particularly the social system, pose significant challenges. In light of these circumstances, various initiatives have been introduced to address the interplay between health and social support for young families and children. This includes the establishment of Family centres, as well as the implementation of “Frühe Hilfen” (early support) and “Präventionsketten” (prevention chains) as widespread approaches. While Family centres operate as integrated and co-located models of service delivery, their implementation may vary at the state level, but follows the overarching principle of bringing together services that are beneficial to families with young children within the same physical space. On the other hand, the aforementioned concepts do not aim to merge disparate systems into one integrated system, but rather to coordinate heterogeneous services and establish pilot programmes.

The ultimate goal is to mitigate the barriers that impede access to services for families, and to facilitate needs-based utilisation of the fragmented individual services. Both concepts provide potential solutions to address the significant fragmentation of services for young families in Germany, as well as the challenge of the “prevention paradox” - a phenomenon whereby families most in need of preventive and support services are the least likely to access them, rendering them “hard-to-reach”. In conclusion, it can be said that during the perinatal phase German families have to cope with a fragmented care system, with a separate health care system, strongly separated from the social system. For families with a need for multiple care, and with a lack of ability to navigate the system in its fragmented nature, an increasing

number of integrated services are emerging at the municipal level across the different Länder, along with an increasing focus on outreach. These initiatives, important as they are, have not yet reached a territorial coverage such that one can speak of the emergence of a uniform perinatal policy space throughout Germany.

The perinatal landscape of Flanders presents an intriguing context, when compared to other countries. While Flanders and Germany share significant similarities in terms of institutional fragmentation between health and social care sectors, there exists a notable difference between the two case studies in the systematic and territorially consistent approach to integrating family care services during the perinatal phase within the Belgian region. This is clearly exemplified by the widespread implementation of Children’s Houses across municipalities. While these services do not exclude the broader community, they are primarily seen as a valuable resource for families in need of support to navigate the complex system of care services. The combination of co-location of certain services and assistance in accessing and understanding others makes Children’s Houses a crucial support instrument for families facing challenges during the perinatal phase. Overall, the perinatal policy space in Flanders can be deemed as fairly integrated. While there may not be complete alignment between health care and social services, there are widespread channels available to guide and accompany families through this sensitive and complex period. As a result, the impact of service fragmentation is greatly mitigated.

The perinatal policy landscape in Italy is characterised by distinct features. On the one hand, a clear division between health and social services is apparent, mirroring similar situations in Germany and Flanders. However, the issue of complementarity between these services in providing preventive perinatal care has been a subject of discussion in Italy for an extended period, dating back to the widespread establishment of family counselling centres in the 1970s. Despite their emphasis on medical and health assistance, these services remain the primary form of integrated care for families during the perinatal phase and occupy a significant role in the Italian perinatal policy space. In recent

years, a noticeable increase in interest has been observed in other forms of integrated family care services, mainly the multifunctional family centres, with a greater focus on social support and guidance. However, these services lack a national framework and were only recently brought under the purview of the Department of Family Policies, who have begun the process of mapping the local regulations governing them. The prevailing trend, particularly in central and northern regions, seems to be the development of this type of social support systems to complement the existing family counselling centers, as a supplementary source of support, counselling, and guidance for the use of assistance services, especially for foreign families or families facing difficulties in accessing formal services such as the advisory centre due to the aforementioned prevention paradox. Depending on their location, families may have varying experiences during the perinatal phase. While family counselling centres serve as a valuable resource for navigating the complexities of this critical stage, offering services such as gynaecology, preparatory guidance, mental health support, and various educational and social programmes, these centres face significant financial difficulties and cutbacks. In some regions of Italy, their availability is limited, with a coverage rate of less than one centre per 30,000 individuals. This implies that these services are not easily accessible and cannot be considered comparable to the Children's Houses in Flanders. Families residing in rural areas face a particularly complex situation. Conversely, urban residents in the centre-north typically have access to counselling services and innovative multi-purpose centres, resulting in a vastly different experience and numerous options for integrated support. This creates an extremely unequal and sporadic framework for perinatal policies, marked by pockets of extensive coverage and others lacking adequate resources. In these areas, families bear the burden of intersectoral fragmentation and lack access to comprehensive care facilities.

In comparison with other case studies discussed in this report, the perinatal care situation in Poland is characterised by two significant aspects. Firstly, the Polish support system for families with young children exhibits a preference for monetary benefits rather than providing targeted services

and assistance. As a result, it is often difficult to distinguish family support policies from other forms of aid and support offered under the 2004 Act on Social Assistance to vulnerable families and individuals in need. At the local level, families may receive general forms of aid from municipal welfare offices, which are typically based on traditional anti-poverty principles rather than a modern understanding of the family unit's needs. However, the provision of these services is largely uneven across different regions of Poland and is heavily reliant on the financial resources and priorities of individual local authorities. In terms of policy coordination, Poland's approach can be characterised as highly fragmented and lacks cohesive efforts to provide well-coordinated assistance or foster collaboration between professionals.



6.

Conclusions

Effective collaboration and integration among sectors is essential in establishing cohesive and comprehensive support systems for families during major life stages after childbirth. Policymakers must prioritize cross-sectoral integration, particularly in the areas of work-life balance, early childhood education and care, and perinatal guidance. This report puts forth nine essential steps to drive meaningful change in pursuit of greater integration of family policies.

BROAD OBJECTIVE

Addressing the balance between care, family life, and return to employment after the birth of a child.

The birth of a child has significant implications for a family, affecting family dynamics and requiring reorganisation in various aspects of family life. Particularly important during this period is the need to juggle care responsibilities and employment, which becomes more challenging before a child is enrolled in formal childcare facilities. To address this delicate balance, European countries have focused on developing parental leave policies and regulations related to early childhood education and care ECEC. However, parents are faced with complex challenges during this critical phase due to limited resources, rising childcare costs, and inflexible work arrangements, leading to financial strain and emotional hardship. For mothers, returning to work after childbirth may involve societal pressures and feelings of guilt, driven by economic realities. Effective solutions require comprehensive policy measures such as parental leave allowances, affordable and accessible childcare options, adaptable workplace policies, and targeted support systems. The concept of the “childcare gap” highlights the importance of policies that bridge the period between a child’s birth and formal enrollment in childcare. This gap refers to the interim period in which parents resume employment but are unable to secure formalised care for their child, resulting in reduced working hours and financial difficulties for families lacking sufficient support. Maternity, paternity or parental leave schemes, expanded

ECEC provisions at reasonable costs, along with tax credits or subsidies for childcare expenses, have been implemented to address this issue. However, addressing the childcare gap requires a holistic approach that includes coordination and alignment across relevant sectors. A comprehensive strategy is needed to consider the diverse needs faced by families during this crucial juncture, emphasising the importance of combining various policy tools to create an environment conducive for families as they navigate the complexities of care responsibilities, family life, and work after having a child.

- ▶ Ensuring that entitlement to ECEC services aligns seamlessly with adequately paid parental leave periods to eliminate childcare gaps and provide affordable, accessible childcare coverage.

The alignment of the end of parental leave and the beginning of the legal entitlement of children and families to access ECEC is a growing focus of attention in Europe. The primary approaches aimed at reducing the gap in childcare coverage are prolonging the duration of leave and lowering the age at which children are entitled to ECEC placement. However, this matter is far from straightforward, as numerous other factors contribute to the estimation of the gap, including the distribution of nursery facilities across the territory, the cost of accessing the service, and most significantly, the level of parental leave remuneration. From the perspective of families, the distinction between being on unpaid leave or receiving compensation equivalent to 30% or 80% of the reference wage is considerable. Greater attention must be devoted to authentic childcare gaps, which pertain to the period of time that transpires between the termination of well-compensated leave and the availability of ECEC.

- ▶ Employing a variety of approaches and resources, such as leave options, home care allowances, family benefits, and customized preschooling services, including transition classes attached to preschools and smaller, home-based programs, is crucial in order to close the childcare gap effectively.
- ▶ Addressing the childcare gap requires a comprehensive and inclusive approach that prioritizes resource mobilisation, diverse models, financial compensation, and local affordability

The analysis of five European case studies highlights the complexity of policies regulating support for families after childbirth, specifically regarding legal entitlement to ECEC and the duration of parental leave. Varying approaches are evident across countries to ensure adequate childcare coverage to families, with some prioritizing parental care within the household and others placing emphasis on promoting gender equality within the labor market through institutionalized frameworks. It is crucial for policymakers to consider the diverse approaches and available resources at both national and local levels when addressing the childcare gap, as there is no universal solution that can be applied across all contexts. The range of tools available includes parental leave, home care allowances, family benefits, and various forms of preschooling, which can extend beyond formal services to encompass smaller, home-based facilities, particularly in rural areas. The harnessing of these important resources is essential in closing the childcare gap in a manner that is contextually appropriate and in alignment with existing discourses on gender equality and parental care.

Mobilizing resources and prioritizing the accessibility of services are essential elements in addressing the issue of childcare gap. It is important to acknowledge the significance of diverse models and the absence of one-size-fits-all solutions. Therefore, adopting an inclusive approach towards promoting equity and ensuring accessibility is crucial. In order to effectively close the childcare gap, it is imperative to consider the financial compensation of those involved in providing childcare services. Merely addressing the issue of the gap is insufficient if it is limited to only a few families being able to afford to stay at home. Furthermore, it is necessary for childcare services to be locally available and affordable for them to be truly effective.

BROAD OBJECTIVE

Tackling fragmentation between formal early childhood education and care services.

The significance of addressing organisational divisions in the field of ECEC cannot be overstated, as it greatly impacts the accessibility and quality of services provided to children and families. Research has shown that children from disadvantaged backgrounds are often underrepresented in ECEC settings, and those who do attend often receive subpar services. A contributing factor to this issue is the structural design of the ECEC system itself. “Split” systems, where care for children ages 0-3 and education for children ages 3-6 are separated, can hinder accessibility, particularly for underprivileged or minority households. On the other hand, “integrated” or “unitary” systems that offer comprehensive care and education for the

entire pre-primary age group have numerous advantages. These include the implementation of a legal entitlement for families to enroll their children in ECEC services, which is closely tied to the system's governance structure. Integrated systems, where a single public administration oversees the entire ECEC cycle, are more likely to provide a legal entitlement for children as young as one year old, while split systems may only offer this entitlement for kindergarten-aged children. Additionally, split systems create a significant transition point at age three, which can be disruptive for both children and families. This shift requires children to adjust to new learning environments and expectations, potentially leading to emotional and developmental challenges. Parents may also have concerns about their child's well-being and adjustment to a more structured educational setting. Ensuring continuity across various levels of ECEC is essential for both children and families to facilitate a smooth educational progression. Integrated ECEC models and unified pedagogical approaches are increasingly recognised for their ability to benefit underprivileged groups by eliminating disruptive transitions and offering a consistent environment. These models also reduce the burden on families in terms of interpretation and adaptation while promoting easy access to services at all stages of a child's development. Furthermore, integrated systems facilitate the exchange and advancement of expertise within organisations, resulting in improved overall quality of ECEC services. In summary, addressing organisational divisions within the ECEC field is crucial in promoting fairness and high-quality services for all children and families. The implementation of integrated systems is particularly advantageous for disadvantaged populations. Therefore, it is imperative that policies and practices in the field of early childhood education and care prioritise promoting integration to improve outcomes for all stakeholders.

- ▶ Ensuring ECEC systems prioritise educational continuity, and professional alignment to offer holistic support for families, children, and communities

Differences in the organisational structure of ECEC systems have significant implications for accessibility, educational continuity, and professional cultures within these frameworks. Integrated systems, where there is no structural division between day-care and preschool segments, offer better accessibility and pedagogical continuity. In contrast, split systems often prioritise care for younger children and structured learning for preschoolers, leading to conceptual and operational divisions. These diverging approaches to organising ECEC systems can significantly influence the experiences of both families and professionals involved in the ECEC cycle, with integrated systems providing a more all-encompassing and seamless experience for families.

- ▶ Establishing ECEC systems based on the needs of children and their parents, ensuring consistency and responsiveness to meet the diverse needs of families throughout all stages, in order to be seen as relevant and desirable.

The effectiveness of ECEC systems depends on their ability to prioritise the interests of both children and parents. Ideal ECEC systems should provide legal entitlement to services after parental leave, ensure widespread service coverage, affordable participation fees, maintain consistency throughout the system, and remain responsive to the needs of families. To achieve this, it is imperative that the family experience be placed at the forefront of strategies aimed at improving or strengthening the system. ECEC services must embody a welcoming atmosphere and effectively cater to the diverse needs of families throughout all stages of the cycle, fulfilling multiple functions in the areas of education,

socialisation, and caregiving. Ultimately, the goal is for ECEC services to be viewed as relevant and desirable by all families, rather than simply being a place to send their children for work-life balance reconciliation.

- ▶ Enhancing educational continuity and accessibility within ECEC systems, requires a holistic, family-centered approach and diverse strategies tailored to each country's ECEC landscape

The ECEC landscape varies significantly among the European countries examined. In addition to structural integration, the establishment of a cohesive pedagogical strategy for the entire pre-school cycle is crucial, centering on the family and encompassing both care and education. The implementation of this continuum must be tailored to the particular structural components of each country's ECEC landscape. In integrated systems, emphasis may be placed on initial and in-service training, while separate systems may need to introduce joint training models and interstitial platforms for professionals at different levels to collaborate. It is not necessary for guidelines for young and older children to be uniform or included in the same document, but alignment is essential.

BROAD OBJECTIVE

Creating a specific policy space to address the need for guidance, parenting support, health and social care information during the perinatal period

The perinatal period is a critical phase for families, comprising pregnancy, childbirth, and the postpartum period. During this time, families must navigate physical, emotional, and social adjustments associated with welcoming a new child. In light of the expanded concept of well-being, which encompasses physical, psychological, social, and empowerment dimensions, there is increasing recognition of the need for a comprehensive approach to perinatal support. Such an approach involves coordinating and integrating healthcare, social services, and education for both parent and child in order to provide holistic resources that promote their overall well-being. These services may include prenatal care, preventive healthcare measures, mental health support, and parenting assistance to strengthen familial bonds and foster supportive networks. However, achieving this comprehensive approach poses challenges due to fragmentation at both professional and organisational levels in the field of early parenting support. To address this issue, it is imperative to dismantle traditional silos by promoting cooperation and establishing protocols among diverse agencies and services. Another challenge in integrating perinatal support services is their diverse nature, represented as either universalist or residual in scope. Policymakers must consider which individuals would benefit most from such support and determine whether efforts should be directed towards universal measures or targeted care within collaborative frameworks. One promising example of service integration is the establishment of "family centers" or "family hubs" that bring together various providers under one roof to offer multiple services including direct assistance during prenatal and pediatric stages, information dissemination, and referrals to specialists. The efficacy of family centres in addressing complex familial concerns has been demonstrated in several European countries;

however, their structure may vary depending on factors such as the mixture of universalist and targeted preventive measures within a particular country. In conclusion, overcoming organisational fragmentation is vital in providing comprehensive perinatal support that enhances the well-being of both parents and children. This requires dismantling traditional silos, addressing service heterogeneity, and adopting innovative models such as family centers to establish cohesive networks for parental support.

► **Improving coordination between health and social care systems is essential for enhancing perinatal care for families and infants**

The perinatal policy landscaper across European country is highly diverse, impacting the experiences of families navigating this phase. It is crucial for policymakers to prioritize integrated models that bridge health and social care systems as this is a strategic step towards enhancing the overall experience for families. However, the manner in which synergies can be established between professionals and services linked to the health system and stakeholders from the social and educational realm, within a cooperative and collaboratively planned approach, may vary from country to country.

► **Designing a unified and well-integrated approach to support services for families during the perinatal phase is essential for enhancing accessibility and effectiveness.**

Integrated perinatal care frameworks provide families with easier access to a comprehensive range of services. In contrast, fragmented systems present difficulties for families, as services tend to be disconnected and communication between sectors is restricted. The establishment of formalized collaborative networks at the local level (municipal and district), alongside the implementation of family prevention hubs, has been recognized as a means of enhancing the quality and relevance of the assistance available to families.

► **Balancing national expansion with tailored approaches is crucial for effective and impactful family centre and service network investments**

Enhancing the local impact of family centres and service networks is essential, and can be achieved through targeted investments aimed at expanding their reach and solidifying their presence in the community. Policymakers face the vital task of striking a balance between promoting the widespread development of these services across the nation with consistent quality standards while also maintaining their tailored approach to cater to the diverse needs of individual territories and families. These needs vary depending on the specific characteristics and available resources of the local area in which these centres are situated.



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REPORT OF THE EUROPEAN OBSERVATORY ON FAMILY POLICY



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