



# Feasibility Study for a **Child Guarantee**

Children's Voices: Learning and conclusions from four consultations with children

**EUROPEAN COMMISSION**

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# **FEASIBILITY STUDY FOR A CHILD GUARANTEE**

## **Children's Voices: Learning and conclusions from four consultations with children**

**(December 2019)**

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In 2015, the European Parliament called on the European Commission and the European Union Member States 'to introduce a Child Guarantee so that every child in poverty can have access to free healthcare, free education, free childcare, decent housing and adequate nutrition, as part of a European integrated plan to combat child poverty'. Following the subsequent request by the Parliament to the Commission to implement a Preparatory Action to explore the potential scope of a Child Guarantee for vulnerable children, the Commission commissioned a study to analyse the feasibility of such a scheme.

The *Feasibility Study for a Child Guarantee (FSCG)* is carried out by a consortium consisting of Applica and the Luxembourg Institute of Socio-Economic Research (LISER), in close collaboration with Eurochild and Save the Children, and with the support of nine thematic experts, 28 country experts and an independent study editor.

For more information on the Feasibility Study for a Child Guarantee, see:

<https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>.

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## Summary

The Voice of Children's study has been organised within the Feasibility Study for a Child Guarantee (FSCG) in the form of focus groups with 35 European children, aged between 9 and 17, in four countries: Belgium for children with disabilities; Italy for children living in precarious family situations; Romania for children residing in an institution; and Sweden for children with a migrant background (including refugee children).

The primary objective of the consultation with children was to conduct a 'reality check' on the analysis carried out within the framework of the Feasibility Study for a Child Guarantee initiative, to confirm the findings, identifying any gaps or emerging issues not easily identifiable through research methods used by the FSCG experts. It also aimed at advising how child participation can integrate the development and delivery of a future Child Guarantee initiative.

Children generally confirmed the findings of the experts' analysis, while also enriching the discussion with original themes and proposals. In particular, children across the focus groups highlighted the importance of promoting the universality of services as the best way to ensure children's access to Early Childhood Education and Care (ECEC), education, nutrition, health and housing. Universality must be accompanied by additional resources for children in need (e.g. economically disadvantaged or with disabilities). Children also outlined that access might not suffice to ensure their wellbeing and avoid social and cultural rejection: quality must also be present. For children, quality means inclusion, or the capacity of services to understand individual difficulties in terms of learning trajectories, health or socio-emotional development and respond positively to specific needs.

## 1. The Children's Voices Study

### 1.1. The Feasibility Study for a Child Guarantee (FSCG)

Following the call in 2015 from the European Parliament to introduce a Child Guarantee and the subsequent request to the European Commission (EC) in 2017 to implement a Preparatory Action to explore its potential scope, the Commission launched a feasibility study in 2018 that is aimed at examining and making proposals as to how a specific programme could best be developed in order to fight poverty and social exclusion amongst the EU's most disadvantaged children (i.e. children living in precarious family situations, children residing in institutions, children with a migrant background [including refugee children], and children with disabilities) and to ensure their access to the five key social rights identified by the European Parliament, (i.e. free healthcare, free education, free early childhood education and care [ECEC], decent housing, and adequate nutrition).

This Feasibility Study for a Child Guarantee (FSCG) has been commissioned as a key part of the Preparatory Action agreed between the EC and the European Parliament. The FSCG is a combination of 28 Country Reports, five Policy Papers (one on each of the five PAs identified by the Parliament) and four Target Group Discussion Papers (one on each of the four Target Groups [TGs] identified by the Commission). This work is also being complemented by specific case studies highlighting lessons from international funding programmes, an online consultation with key stakeholders, and focus group consultations with children.

At the heart of the approach is a focus on producing outputs which conclude with very concrete, practical, evidence-based and carefully tested proposals for measures that might be included in a Child Guarantee.

As a result, the approach also includes focus groups' consultations with children from the four Target Groups, offering a reality check and identifying any gaps in the experts' analyses. It also aims at advising how child participation can be taken into account in the development and delivery of a future Child Guarantee initiative.

### 1.2. The objective of the consultation with children

The 2013 EU *Recommendation on investing in children: breaking the cycle of disadvantage* recognises the right of the child to participate as its third pillar. Child participation is also explicitly enshrined as a fundamental right under the UN Convention on the Rights of the Child.<sup>1</sup> In the design of a Child Guarantee, it is essential that children themselves have the opportunity to voice their opinion and influence the final recommendations so they best reflect the reality of children's lives.<sup>2</sup>

In this respect, consultations were organised within the FSCG in the form of focus groups, a tried-and-tested approach to enhancing participation, in particular with groups of children in vulnerable situations. Consultations were carried out in four different countries, each one focusing on children from one of the identified Target Groups: Italy for children living in precarious family situations; Sweden for those with a migrant background (including refugee children); Belgium for children with disabilities; and Romania for children residing in an institution.

Consultations took place immediately before the thematic FSCG workshops, with the intention of providing important pointers to discuss during these workshops and to be integrated into the intermediate report.

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<sup>1</sup> United Nations. (1990). Convention on the rights of the child.

<sup>2</sup> Save the Children. (2016). *Young voices want to be heard*. Retrieved from <https://resourcecentre.savethechildren.net/spotlight/young-voices-want-be-heard>



### 1.3. Definition of the four Target Groups and Policy Areas in the FSCG

#### 1.3.1. Target Groups

- *Children with disabilities* are “children who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others”<sup>3</sup>. Functioning and disability are multidimensional concepts relating to body functions of people; activities people do and the life areas in which they participate; and factors in their environment that affect these experiences.
- *Children residing in an institution* are children deprived of parental care and for whom an alternative care placement in a residential care institution has been found. Alternative care placements for children without parental care can be provided in different environments, such as informal or formal kinship care (with relatives or friends), foster care, independent living arrangements (often for older children) or residential care. Residential care can be provided in a family-like environment or in so-called institutions. Residential or institutional care can also be provided in boarding school facilities, in shelters for homeless children, or in hospital settings in the absence of alternatives. This is most often the case for very young children, such as new-borns, who are relinquished or abandoned directly after birth and for whom more permanent care is being sought. The definition of the target group used in the FSCG does not include children deprived of liberty because of being in conflict with the law, children living in prisons with their mothers, or children hospitalised for long periods of time.<sup>4</sup>
- *Children with a migrant background (including refugee children)*<sup>5</sup>. These are children with at least one parent born outside the EU, whatever the country of birth of the child. This group therefore includes children who migrated from their country of origin (outside the EU) to the territory in the EU in search of survival, security, improved standards of living, education, economic opportunities, protection from exploitation and abuse, family reunification or a combination of these factors. These children may travel with their family or independently (unaccompanied child) or with extended family or a non-family member (separated child). They may be refugees seeking international protection or reunification with family members. They may be dependents of labour migrants, victims of trafficking, and/or undocumented children. The group does not include mobile EU citizens or the offspring of mobile EU citizens.
- *Children living in precarious family situations* regroup children who live in a low income or low socio-economic status household; children living in single adult households; ‘left behind’ children of EU mobile citizens and Roma children.<sup>6</sup>

#### 1.3.2. Policy areas

The five key social rights identified by the European Parliament are defined as access to *free* healthcare, *free* education, *free* early childhood education and care [ECEC], *decent* housing and *adequate* nutrition.

<sup>3</sup> UN General Assembly, Convention on the Rights of Persons with Disabilities: resolution adopted by the General Assembly, 24 January 2007, A/RES/61/106. For a discussion of the definition of the TG and data availability, see Hunt, Paula (2019). “Target Group Discussion Paper on Children with Disabilities”, Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.

<sup>4</sup> See Lerch, Véronique and Nordenmark Severinsson, Anna (2019). “Target Group Discussion Paper on Children in Alternative Care”, Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.

<sup>5</sup> See Bircan, T., Van Lancker, A., Nicaise, I. (2019). “Target Group Discussion Paper on Children with a Migrant Background (including Refugee Children)”, Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.

<sup>6</sup> See Fresno, J-M, Meyer S. and Bain, S. (2019). “Target Group Discussion Paper on Children living in Precarious Family Situations”, Feasibility Study for a Child Guarantee (FSCG), Brussels: European Commission.

- *Education* covers compulsory education, which normally includes primary and secondary schooling. Because education is the right of all citizens, the FSCG only considers publicly funded or (partially) subsidised and accredited provision.
- *Early childhood education and care (ECEC)* covers different mainstream services for young children under the age of obligatory schooling, namely childcare for the very youngest and pre-primary schooling for children under the age of 6–7 years. 'Childcare' refers to services for children from 0 to 3 years of age, 'preschool' to services from the age of 3 to compulsory school age.
- *Nutrition*. This denotes access to sufficient and adequate food. Children without decent access may suffer hunger, developmental problems or obesity. Beyond availability and affordability, health behaviour towards healthy food intake is important.
- *Healthcare* covers services that ensure the child receives appropriate consultation with a suitably qualified health professional, with relevant necessary follow-up action, to enable receipt of preventive healthcare services, treatment for illness including medicines, or ongoing care to maximise potential where a long-term condition exists.
- *Housing*. Four dimensions that constitute housing are considered:
  - Housing adequacy: the quality of the dwelling, such as the capacity to keep it warm or cold, free of damp and moisture, with access to water, electricity and improved forms of sanitation, etc., as well as space per person to avoid overcrowding.
  - Housing affordability: the burden of the housing cost, be it rent or mortgage.
  - Spatial segregation: territorial concentration of socially excluded persons, including ethnic ghettoisation, as well as a lack of services or exposure to high crime areas.
  - General access and protection: as an example, discrimination due to ethnically coded ascriptions, avoidance of forced evictions or outright homelessness.

## 2. Methodology

### 2.1. The rationale for the focus groups' method<sup>7</sup>

Focus groups' discussions constitute a democratic and pedagogical process in which children share their knowledge about living conditions, while also building their confidence and raising their voice to become advocates and researchers in their own communities, and hence agents of change.

The focus groups' method is particularly relevant for the scope of the FSCG, since it has been demonstrated to be effective in enhancing participation among underprivileged individuals and groups<sup>8</sup> and exploring tacit, uncodified and experiential knowledge.<sup>9</sup> In recent years, focus groups have been increasingly employed in qualitative research in the area of poverty and social exclusion,<sup>10</sup> and with specific reference to family and children.<sup>11</sup>

### 2.2. Selection of participants

In each of the four different countries selected, one focus group has been undertaken, focusing on one of the identified Target Groups:

- *Belgium*: Children with disabilities.
- *Italy*: Children living in precarious family situations.
- *Romania*: Children residing in an institution.
- *Sweden*: Children with a migrant background (including refugee children).

The selection of the countries followed a number of criteria: geographical representation of the European Union; representation of the diversity of European welfare systems; and, ultimately, the existence of established partnerships and projects between Save the Children/Eurochild and local NGOs or research centres involving children belonging to the identified Target Groups.

A total of 35 children aged between 9 and 17 years participated in the focus groups: seven in Belgium, nine in Italy, ten in Romania and nine in Sweden. The composition of the focus groups was kept to a minimum of seven and maximum of ten children in order to favour the participation of all children.

Children participating in the focus groups were selected by Save the Children and Eurochild members and partners through snowball sampling<sup>12</sup> in each of the four countries, starting from those participating in existing projects.

Recruitment of the participants was done through the involvement of local Save the Children and Eurochild partners.

- **Belgium.** The focus group discussion took place at the Department of Special Needs Education at Ghent University, in the presence of three staff from Ghent University, along with parents and/or personal assistants of the children. Children were selected from among those following an inclusive trajectory in regular secondary schools in the region of Flanders.

<sup>7</sup> The methodology has been adapted to facilitate discussions with children with disabilities. For example, a greater role has been given to the facilitator in conducting the group discussion, structured more in form of questions/interviews than open dialogue.

<sup>8</sup> Kitzinger, J. (1995). Qualitative research. Introducing focus groups. *British Medical Journal*, 311, 299–302.

<sup>9</sup> Hopkins, P. E. (2007). Thinking critically and creatively about focus groups. *Area*, 39, 528–535.

<sup>10</sup> Morgan, D. L. (1996). Focus groups. *Annual Review of Sociology*, 22, 129–152.

<sup>11</sup> Rodriguez, K. L., Schwartz, J. L., Lahman, M. K. E., & Geist, M. R. (2011). Culturally responsive focus groups: Reframing the research experience to focus on participants. *International Journal of Qualitative Methods*, 10, 400–417.

<sup>12</sup> Ibidem.

- **Italy.** The focus groups' discussion was conducted by a Save the Children Italy expert, and took place in the Save the Children premises in a suburban segregated area of Rome with high levels of economic deprivation, low education levels, crime and violence. Its population is composed mostly by households identified in the study as precarious families in terms of economic fragility and household composition. The concentration of Roma families is higher than in other areas of the city.
- **Romania.** The focus groups' discussion was carried out by a Save the Children Romania expert in a residential care centre in Bucharest, publicly funded, located in a residential area of the capital. The centre accommodates around 40 children in state care (abandoned children, orphans, etc.). The focus group took place in an area of the centre where children spend time during the day. No employees of the centre or other public authorities participated in the focus group to allow the children to feel free to talk.
- **Sweden.** The focus groups' discussion was conducted by a Save the Children Sweden expert, in a premises of the organisation in an asylum in a medium-sized Swedish city of approximately 40,000 inhabitants. Asylum accommodation is temporary accommodation provided by the Swedish Migration Agency to individuals awaiting a decision on their asylum status.

Participation of children in the discussion was subject to authorisation by parents (or institutions, in the case of children residing there), who signed an informed consent form.

### 2.3. Description of the participants

- The focus group/group discussion in **Belgium** consisted of seven children aged 14 to 17 years enrolled in an inclusive educational programme in regular secondary education. One child follows a regular curriculum (vocational); the other children have an individual educational plan and will not receive a diploma at the end of their school trajectory. They all have the support of a special educator and/or a direct budget and/or volunteer students.
- The focus group in **Italy** consisted of nine children aged 14 to 17 years living in low socio-economic households. One child lives in a large family with two adults, three children and a relative, and three children live in single adult households. Half of the children (five) have foreign-born parents. It has to be underlined that the incidence of economic deprivation is particularly high among children with foreign-born parents in Italy. Migrant households also tend to concentrate in marginalised suburban areas of cities.
- The focus group in **Romania** consisted of ten children aged 9 to 17 years living in the same residential centre. Most of the children are in regular school; some attend special schools for children with learning difficulties or special needs, although none of them has a disability.
- The focus group in **Sweden** consisted of nine children, asylum seekers aged 12 to 16 years. Some of the children live in large families with two adults and more than two siblings, and their parents are not working; their main source of income is the Swedish Migration Agency daily allowance. They are enrolled in regular Swedish schools.

A decision was taken to conduct the focus groups' discussions with selected specific sub-groups. As an example, in Italy, 'left behind' mobile children or Roma children were not present. In Sweden, the choice was made to carry out the discussion with child asylum seekers residing in the country for at least three years; in Romania, only children in residential institutions were involved, while in Belgium, the choice was made not to involve children with sensory impairments (such as deafness or blindness).

These choices were made to guarantee the homogeneity of participants, which, considering the small number of children involved (7–10) in a single discussion slot, is essential to ensure feasibility in terms of logistics (e.g. for child migrants who have just arrived, this

will require interpretation facilitators) and methodological adequacy. However, children were also invited to discuss conditions pertinent to the other sub-groups.

#### **2.4. Focus groups' organisation and conduct**

Each focus group discussion lasted approximately two hours, depending on the children's participation. Focus groups were held in places that were familiar to the children, and where they could feel free to express their ideas.

Each focus group consultation involved one or two professional facilitators/researchers familiar with the focus groups' methodology and from the country where the focus group was taking place. The focus groups' discussion with children with disabilities was carried out with the presence of parents and/or personal assistants. A lead facilitator developed the methodology and guidelines to be followed across each of the four Target Groups and countries. This includes selection of participants, preparation, conduct, recording, analysing and reporting. The main role of facilitators was to ease and structure the discussion through open-ended questions in order to allow children to touch on key arguments emerging from the experts' analysis while also stimulating the emergence of new topics.

The focus groups were audio-taped upon written consent from the children's parents. The research protocol was submitted to the Ethical Committee of Save the Children. Audio recordings were first transcribed and translated into English, then coded for axial, thematic analysis.<sup>13</sup> For children with disabilities, visual means (mind maps and photographs) were utilised to facilitate communication. Thematic analysis was then redefined in a more phenomenological analysis<sup>14</sup> based on the findings outlined in the other parts of the FSCG.

#### **2.5. The questionnaire**

The focus groups' discussions started with an explanation of the FSCG, the aims of the focus group, as well as issues of confidentiality and ethics. The initial questions were very generic to open the discussion; then the discussion moved on to describe the barriers children face in accessing education, early childhood education and care, nutrition, health and housing, along with what could be done to overcome them.

In this respect, for each policy area, tailored questions were formulated in accordance with the findings of five in-depth policy papers and four discussion papers and adapted for each target group (see Appendix).

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<sup>13</sup> Stewart, D. W., & Shamdasani, P. N. (2014). *Focus groups: Theory and practice*. London: Sage Publications.

<sup>14</sup> Massey, O. T. (2011). A proposed model for the analysis and interpretation of focus groups in evaluation research. *Evaluation and Programme Planning*, 34, 21–28.

### 3. Findings of Focus Groups' Discussions

#### 3.1. Common themes across Target Groups

##### 3.1.1. Education

Education is viewed positively when analysed as an instrument to promote children's inclusion and wellbeing in the present and future community and society. Inclusion is understood by children as the capacity of a service (in this case, schools) to address the specific needs of each child.

Child with a migrant background<sup>15</sup>: "I like my school. I feel like I'm at home when I'm at school. It's fun there. And people [personnel] are kind."

Child with disabilities:<sup>16</sup> For participants in the focus group, the school is a place to feel good, a place where they can participate. A place where they should be given equal opportunities. The feeling of being welcome is of great importance to every child.

Conversely, school is seen rather negatively when analysed as undermining their emotional wellbeing. All children across the focus groups have experienced during their education trajectories moments of rejection and exclusion.

Child living in precarious family situation: "The school is not inclusive, it's exclusionary ... It puts us in a difficult situation, is very stressful."

Child with disabilities: He has been enrolled in eight different schools. Children with disabilities have to move quite often, in many cases "because they are not welcome everywhere and are always looking for a school that wants to work with them."

The relationship with teachers is considered a crucial factor in children's educational process. Individual differences emerge in what teachers are willing to do, or not, to favour inclusion. In some cases, teachers are seen as open to dialogue and enhancing children's participation and capabilities.

Child with a migrant background: "They [teachers] are quite strict as well as the level they should be at ... Teachers help a lot, both in lessons and on breaks and outside. Yes. Like when you have problems you can just go to them and talk to them like this. You also get help quickly ... It will be fine. They are nice."

Child with disabilities: He underlines that the teacher is crucial in school. He likes to work together with the teacher and is very fond of her (he noted down her name and the subject she teaches). In particular, he likes that the teacher also makes sure that he can participate in the tests and exams for his subject. One child says that it is also important when the school listens to children, because it is always the parents and teachers who speak and he is convinced that young people not only have their own opinion, but they also have their own view on inclusion, which may be different from that of the adults.

In other cases, teachers are seen as distant, not understanding but rather augmenting their insecurity and stress, and the sense of being excluded.

Child living in precarious family situation: "There are two kinds of teachers. Those who are very close to us and understand how to approach us, and those who are too detached, which perhaps is not nice to say, but some teachers only think about the [teaching] programme and leave no room for dialogue. Most are of the second

<sup>15</sup> Children with a migrant background refer to children interviewed in Sweden; children living in precarious family situation have been interviewed in Italy; children with disabilities and residing in institutions have been interviewed respectively in Belgium and Romania.

<sup>16</sup> Quotes from children with disabilities are more in the form of narrative/description. This is due to the organization of their focus group, which has been adapted to facilitate their participation and discussion. As a result, content has been developed more in the form of mind mapping than questions and answers.

type ... The teachers lost their trust in the school and the students, and the students lost their trust in the school."

Child residing in an institution: "Teachers do not explain the lesson properly, and no one [students] understands. And only the kids who are smart enough to say so are taken into consideration. In mathematics, they cannot explain to others [considered not smart or with difficulties]. He [the teacher] explains only once."

Child with disabilities: One of the young people was badly treated by a teacher that did not want him to participate in a sport activity. Other children from the class stood up for him and went to the management of the school to report the episode. The school had to fire the teacher and give the teacher a fine.

Equally, as outlined by a child with disabilities, classmates and friends are the "most important medicine" for inclusion: "sharing feelings, giving people a hug once in a while are things that were experienced as helping."

However, when relationships among children in the school are damaged, children depict the school as a hostile milieu and tend to lose their trust in the positive role of education. The main issues in this respect are:

#### Bullying:

Child residing in an institution: "I went to a special school, and children beat me, spit and annoyed me, and I punched them ... I have no friends at school; they behave badly with me, they swear, they offend me."

Child residing in an institution: "I was with a girl, and another student started talking to me nastily. I ignored him in the first instance, but then I got upset and I told the teacher. He [teacher] did not do anything, and then I slapped him [the student]."

Child with disabilities: A number of children with disabilities had experienced being bullied at school. For instance, someone was always excluded by small groups (of classmates). Others saw videos posted on Facebook where children with disabilities were addressed with insulting words like Downy or Dumpy. Children do not understand why sometimes classmates are so hostile to them, and this increases their feelings of being rejected.

#### Discrimination against ethnic minorities:

Child living in precarious family situations: "We talked about migration at school. They [classmates] say, 'I have nothing against you, I am not a racist', but then they say, 'Italians first!' Honestly, I find it difficult to live in a class like that. Not only in the classroom. I have been verbally attacked because in this country the word 'engram' (derogatory word for African descent) is not an insult, it's fine. I am black, I know what that word means. It's an insult. And nobody can help me, nobody knows what to do. In some cases, the teachers understand and they try to help me. In other cases, they don't. There are also Roma students in our class. Society considers them the worst of the worst. They are the most discriminated."

Child with a migrant background: "There are children [at school], who, when you [asylum seeker] ask a question, they hear but they do not answer. They play like they didn't hear, and that is a little hard."

#### LGBT:

Child living in precarious family situation: "When someone is a homosexual and tells it to her/his classmates, do you know what happens? (S)he is 'dead' [excluded]. Why? Because, unfortunately, our classmates are not open minded."

The school environment, in terms of the physical infrastructure or learning materials, also plays a major part in the positive or negative attitude of children towards education. This

is mainly the case in Italy and Romania, where physical infrastructures are very often neglected and learning materials are scarce or underused. In particular:

#### Size of classroom:

Children living in precarious family situation: "Our classes are too small." "Two classes stayed in the library for two months because they had no classrooms. This does not facilitate studying."

#### Buildings:

Children living in precarious family situation: "Everything is white in the classroom. It looks like a hospital. It's sad." "In my classroom, the door handle does not work ... If anything would happen, hopefully not, we would die [inside the classroom] ... And the toilets are terrible, disgusting. And there's a smell of smoke. They are always broken. I try not to go. I prefer to go back home and use my toilet."

#### Libraries:

Child living in precarious family situation: "The library is a classroom with a few books, but without a catalogue."

#### Gardens:

Child living in precarious family situation: "They [those responsible for the school] do not mow the lawn, and there is rubbish everywhere. You can find any kind of thing in that garden."

ICT is present but obsolete or not used for pedagogical purposes.

Child living in precarious family situation: "We don't have tablets ... Teachers don't explain to us the reason why it's important to be able to use technology. It's important, it's 2019, and they don't tell us how to use it. We understand it by ourselves."

Child residing in an institution: "We have a computer at school, in the informatics class, but we play GTA [Grand Theft Auto, a computer game]. We listen to music."

Policies to increase the inclusiveness of schools are considered by children across the Target Groups to be pivotal to build trust in the education system. Particularly salient in this respect is the attitude of teachers. Attention, understanding, by teachers, teaching methods favouring participation, are viewed by children as essential to ensure inclusiveness.

Child living in precarious family situation: "The teachers should not stress us. They should not care only for us to study, but also understand us [understand needs and problems], establish a relationship with us. I would reduce subjects, adopt innovative models in order to learn more with projects rather than subjects [and tests on subjects]. The school should be more inclusive, and it could be more inclusive changing the type of teaching (innovations)."

Child living in precarious family situation: "In our school, there have never been such innovative projects. We know that something similar was done in another school, not ours."

Child residing in an institution: "I would like to learn and also to talk with them [teachers] ... when it comes to learning to learn, but let us also be a little free to talk."

Children with disabilities: Children participating outline that during their experience at school they have met teachers who were trained in diversity. These teachers were able to adapt tests (instead of having to write, they work with multiple choice, for example), attach great importance to the things the young people can do in practice, and judge them very honestly. It is those teachers who are friendly, who



are not too strict, who can be trusted. They are people who make their profession interesting. They are teachers who give everyone equal opportunities ("we don't want more attention than others") and promote their talent. They are teachers who provide clear information. The young people think that teachers should be given extra training on inclusive education.

Inclusiveness also refers to the quality and appropriateness of the physical infrastructure and learning materials.

Child living in precarious family situation: "I would embellish the buildings. They need colours, safety. Bigger buildings, neater gardens, rodent control, and hygiene. More books in the library and fewer books for the lessons. I would replace books with technology, and make buildings accessible also for children with [special] needs."

Child with disabilities: "Accessibility of building, especially bathrooms and stairs, can be a problem."

### 3.1.2. Early Childhood Education and Care

Children identified the early years of life as a sensitive period for child development, notably to acquire socio-emotional skills, and also to prevent future negative behaviours, such as discrimination.

Child living in precarious family situation: "Even if I were not working, I would send my son or daughter to the nursery school. Not to get them out of my way, but because it's important to relate with other children at that age and learn. Young children learn very quickly. Then they grow up and get worse ... This is also true about discrimination: for example, if you are very young and you make fun of another child because (s)he is black, it's more likely that you will learn that it's wrong. You are more 'malleable'."

For those children participating in the focus groups who were able to remember their experience in childcare and preschool, ECEC is viewed positively, mainly because of the nature of the learning, based on playing and project work.

Child residing in an institution: "I liked childcare because we were always playing. I liked it more than school, because we play ... We used to draw, we were always drawing. I remember the lady putting on our music."

In addition, children consider ECEC as a key service allowing parents to work when free and public.

Children living in precarious family situations: "My sister and I did [go to a childcare centre], because my parents had to work ... Parents choose the nursery school in order to go to work." "You were lucky that you were admitted." "This is because it was public [childcare centre]."

### 3.1.3. Nutrition

Children across the Target Groups show awareness of the importance of healthy food and what healthy food means—e.g. fruits and vegetables, a balanced diet including fish and meat.

Children living in precarious family situations: "We should have a balanced diet in order to stay healthy." "Vegetables are important, because they contain vitamins."

Child residing in an institution: "We eat healthy food. We have fruits every day, at 10:00 and 16:00."

Child with a migrant background: "I eat it at school [broccoli]. Like two or three times, because it is good for my body."

Child with disabilities: "Healthy food is very important: in the past we had to follow the food triangle. I like energy drinks but I need to pay attention: there are a lot of sugars!"

Moreover, children did learn basic principles about healthy food in school, at home or through a doctor, but occasionally and not integrated into the school's pedagogical/learning programme.

Child living in precarious family situation: "Our parents don't know many things [about nutrition]. For example, they say we should eat spinach because it is rich in iron, but there is scientific evidence that meat is richer in iron than spinach ... They say these things because it's common sense, but they really don't know."

They also appreciate healthy food:

Children residing in an institution: "I like vegetables, but not all of them. I don't like broccoli and beans, but generally I like vegetables ... I like fruits very much." "I like green apples and bananas." "I like bananas and melons."

However, this does not prevent them from pursuing unhealthy food habits, such as consuming junk food, high fat or sugar.

Children residing in an institution: "I like normal [healthy] food and that from KFC, McDonalds." "I also do, I ate two at a time ... I prefer healthy food. We know we shouldn't eat that unhealthy thing, but we eat them anyway."

In Italy and Romania, schools frequented by children do not have a free meals programme, but simple snacks may be offered by the school. As a result, children either bring food from home, come back home to eat, or purchase food through private providers (in Italy, bars located within the school's premises). In all cases, they tend (or are forced) to consume unhealthy food (e.g. high fat, carbonated drinks) or food which is insufficient to ensure an appropriate and balanced diet.

Child residing in an institution: "We use to have milk with a cracker [at school], but they didn't give it anymore ... Until the 8th class we had food at school, after high school, no."

Child living in precarious family situation: "I feel sick when I eat at the bar [cafeteria in the school]. I think it's suicide ... They always bring that cooked cheese. No fruit or vegetables, they sell carbonated drinks. I have to get water from the tap in the toilet!"

Children across the Target Groups have a positive view of policies aiming at increasing the accessibility of healthy food in the market, at school (also integrating food education into pedagogy), through free school feeding programmes adapted to children's needs.

Child with a migrant background: "There is a shop, though it has nothing. The only thing it has is chewing gum and cola and lots of these weird things."

Child living in precarious family situation: "We pay for food at school that should be free of charge. We pay for books, materials, we shouldn't pay for food, it should be free of charge ... We would have a cafeteria with healthy food, in the right amount, adjusted to different needs, with more choice ... Many children do not eat meat, for example."

Child with disabilities: "Allergens are of great importance ... a lot of people get into trouble because of that. Food has to be checked well."

Children also underline that healthy food (in school, shops, bars, etc.) is relatively expensive compared to, for instance, fast food, and they want government interventions aimed at reducing the market price of healthy food rather than augmenting that of unhealthy food.

Child living in precarious family situation: "Augmenting the price of unhealthy food is pointless. Look at cigarettes. The price increases, but it's all in vain."

Child living in precarious family situation: "The problem is that unhealthy food is cheap. You see, at McDonald's, you can have a big menu for €6. Fruit juice has the same price. Why not to try to lower the prices of healthier food?"

Child with a migrant background: "Vegetables should be cheaper than chips."

Child with disabilities: "It's important that children have enough income to buy their food. They can't depend on a small allowance from the government."

In addition, children have a favourable view of the integration of food education into pedagogy and the school learning programme, and they also think that cooking sessions might be an optimal instrument to enhance learning and appreciation of healthy food.

Child living in precarious family situation: "We also need a good nutrition education, one less theoretical. And our parents should be educated, too, as they buy food and decide what we eat for dinner."

Child residing in an institution: "At school we have a kitchen ... a room where we can also make food and then eat ... We like to do that, we learn a lot [about food and nutrition]."

Child with disabilities: One child invites other participants in the focus group to go and eat at his school next year in the 'restaurant for visitors'. He is trained in the art of cooking and tells us that there are three main blocks in the training: knowledge of allergens and dealing with people who are allergic; the kitchen and high hygiene requirements; and the friendly treatment of customers.

### 3.1.4. Health

Children consider free access to healthcare a right.

Child living in precarious family situation: "Healthcare should be free of charge. You can't pay for health. So there are some positive aspects in our healthcare system, because we don't pay."

They are particularly concerned about the quality of public healthcare. Poor quality refers, for instance, to long waiting lists or lack of organisation:

Child living in precarious family situation: "The quality of the service should improve ... The waiting list needs to be reduced. Some wards are not even open. They are very badly organised. There is a lack of beds. In the emergency room, people stay in the corridor."

Children feel mentally distressed. The feeling of children is that the healthcare system should primarily respond to their mental distress.

Child living in precarious family situation: "Being healthy is not only a physical matter but also a mental matter ... Maybe you are not physically ill, but you are mentally. Stress, for example, makes you feel bad. Mind and body are connected."

Child living in precarious family situation: "Some doctors don't know what they're doing. They don't pay very much attention to our needs and [mental] problems. They are abrupt."

Impaired mental health takes different forms, but all children point out as a main cause the difficulties of their life journeys. In the case of asylum seekers, it is determined by insecurity of their status of residence.

Child with a migrant background: "[We are in mental distress] because we don't know if we will stay in Sweden or not. We are very worried."

The school, according to children across Target Groups, is a source of mental distress. As a result, support services such as psychologists are welcome. However, these services must be adequate in terms of availability, and also interact with school personnel, notably teachers.

Child residing in an institution: "We have a school counsellor or school psychologist, but one for every 800 children. And if it is a smaller school, it has 400 students, he covers two schools ... He had a list of everyone [with problems, issues], and I was on that list too and he called me. He wanted to talk to me, see if I had any problems, but there was no follow up."

### 3.1.5. Housing

From discussions across Target Groups, similar themes emerged to those observed when talking about the school. The house, whether a private, rented flat or a common accommodation in a residential institution or asylum accommodation, is perceived positively when it is pleasant and supports children's inclusion and wellbeing.

Children with disabilities: One child visited a supported living project and was happy to live in such a project later on. Another intends to live in an apartment near a large lawn to be able to go outside and receive people. There should also be room for the two dogs to live. The apartment would also be close to the sea.

Child residing in an institution: "I like it because we go everywhere, we have two camps a year ... And last week I went to watch a movie, and we'll go again this week ... We do the singing. As many volunteers come and sing with us, we draw together, we tell stories."

In contrast, children have a negative image of crowded houses that do not support socialising or learning:

Children living in precarious family situations: "We do not have enough space in our houses. I have to hide in the bathroom to have privacy. We are too many for our house, because it's very small. We have to share everything, that's the problem. None of us has a single bedroom ... We like our house, we feel safe there, but it should be bigger, so that we could have some privacy, to do our things, focus, release stress. We have to share everything now." "I study when there is nobody at home. Luckily I am often alone."

Child with a migrant background: "[In my home] dad is here, siblings are here in the kitchen. And so you sit there, and everyone makes a lot of noise, so you can't concentrate. And then you have to ... maybe you have a test that day, so you have to sit and study. And the only time you can do it is this early in the morning or this late at night [when everyone is asleep]. Otherwise, it will not work. Or when mom and dad aren't home."

Child with a migrant background: "There are so many families that are more than five [people] and they have a really small room like this ... The kitchen, the bedroom, everything is in the same room, and there is no toilet or shower, and you share it with people."

Or houses which have no green areas/gardens:

Child living in precarious family situation: "We would like to have a garden, a green space just for us. We do not have it."

Child with disabilities: "Children would like to live in a place where there is a lot of nature."

And where no books are available:

Child living in precarious family situation: "We do not have books at home. Nobody reads in my family."

Child with a migrant background: "We can't have books, since there is no room for them. All five people in the family have one closet each. And like, the bed is there, the kitchen is there and the closet is there. There is no place for books."

The surrounding areas also play a major role in children's view of their living conditions at home. Unsafe places with crime and violence or without leisure opportunities augment their distress and the feeling of being excluded, and negatively impact their learning paths.

Child living in precarious family situation: "I do not like my neighbourhood. There's nothing there, no cinema, no theatre, no sports centre, no youth centre, nothing ... We don't even have public transportation."

Child living in precarious family situation: "We need more hygiene, no more garbage. They [the municipality] should take care of simple things, flowerbeds, streets, make the neighbourhood nice. But we also need a place for encounters and activities, a cinema, a theatre, a place to play music."

Child with a migrant background: "Yesterday when we were walking around we saw some people arguing and it got violent ... one could get a knife easily."

## 3.2. Themes which are specific to Target Groups

### 3.2.1. Children with disabilities

For children with disabilities, inclusion is related to the concept of having an autonomous life.<sup>17</sup> As an example, children stressed the importance of having the support of teachers and teaching assistants. Support is not often ensured, negatively impacting on their education trajectory and future working opportunities, preventing them from having an autonomous life.

The young people argued for inclusive education, but they felt that this was not the same as just letting children go to mainstream school. They asked for specific attention to (educational) care for children in schools. They explicitly asked for more hours of support in the school/class. Particularly salient is the collaboration between teachers and class assistants, personal assistants, special educators or pupil coaches. The youngsters are depending on support to be able to participate and to make adjustments to the curriculum and school material.

It has to be underlined that most of children who participated in the focus group are enrolled in regular school. Although they are part of an inclusive trajectory, it is nevertheless difficult to pursue the regular curriculum and finally obtain a diploma or sub-certificate.

The fact that people usually try to follow almost the entire curriculum and do not get a diploma or partial certificate is a great injustice for children with disabilities.

"When you are going for a diploma, you do not even realise how important it is, until I hear you talking about what it means to not receive one."

The transition between school and working life is not adequately prepared for. This might negatively impact on their future working opportunities, preventing them from having an autonomous life, and it strengthens the feeling of being excluded. For students, internships/work placements during their schooling are very valuable.

Many people are already thinking about how they will be able to do paid work after school, knowing that it is difficult for them to get a diploma in Belgium. For example, there is someone in the group who, after his sixth year, has started a seventh year and has not

<sup>17</sup> Findings align with similar experiences of children in other countries, in particular recent focus group discussions conducted in England with 34 children with disabilities. In this case, the theme of independence and support was also connected to possible limitations in financial support provided by the Government. Office of the Children's Commissioner (2014). *'They still need to listen more': A report about disabled children and young people's rights in England*. London: Office of the Children's Commissioner.

yet been awarded a certificate. Next year, he will try to obtain a number of sub-certificates in part-time education. The youngsters are very concerned about what later employers will think about young people who come to apply without a "real diploma".

Concerns about health also refer to issues that might undermine children's autonomy and they stress the importance of regular medical checks.

For example, one person has a heart condition and therefore regularly visits the cardiologist with his mother. The follow-up of his heart is very important to him.

One child is doing "hereditary research". This is important if he wants to have children later; suppose that his future partner were also to have hereditary conditions: they would fully pass on the genetic abnormality.

The factor of independence is also important in talking about nutrition. In order to build an adult life, you need to "prove" that you can take care of yourself and provide your own food.

"It's important to be able to prepare food yourself."

Similarly, when discussing housing, children underline the need for independence and support. Children want to live in a close relationship with their personal network and family, and sometimes they stay at home. As a result, it is essential for them to find housing solutions which will enhance the possibility of them freely moving while also getting enough personal and appropriate support.

"I'm afraid that later on I'll have to live in an institution, where you'll be watched 24 hours a day, seven days a week ... I don't want that."

Many young people are clear in their dreams about a place of their own: from their own room, to their own part of a co-housing project, to participating in a supported living project. One child expressed his intention to live in an apartment with a floor downstairs for him, and the assistant and her husband upstairs. They are looking for a combination of independence and support.

### **3.2.2. Children living in precarious family situations**

The lack of financial resources is the prominent barrier to inclusion of children living in precarious families. This is also due to the specific context of the study in Italy, where welfare assistance—in particular, support for householders' income targeting the most vulnerable—is scarce. Children do not necessarily point to the lack of services such as education or health, but very often to the indirect costs reducing accessibility. About education, for instance, indirect costs refer to:

Transportation:

"We need to take transport and travel a long distance, because there are no schools near our house. And it is expensive."

"Jesus, these transports! ... They often don't work, and I need an hour to reach the school. And they are expensive."

Learning materials:

"The most annoying thing is that they make you buy a book that costs €50 and then you will never use it."

Food:

"When I cannot go home for lunch, and my mother gives me some money, I don't buy anything [food at school] because it's too expensive. I keep the money to buy something else."

Along with private tuition:<sup>18</sup>

"Private lessons costs €10 per hour, but in some cases €15 ... Tutors are young people, but we don't know if they are good at teaching."

Indirect costs also influence the decision to continue studying:

"University is very expensive. There is the rent, transportation and there are the books ... In high school, you spend €400 every year to buy books, at university it will be more ... Most students don't go [to university] because they cannot afford it."

They also point at the excessive cost of medications as a matter of concern for healthcare. They estimate that the government priority should be to reduce the cost of drugs—for instance by increasing the number of people covered by prescription/insurance.

"Some medicines are expensive ... Some pills for serious diseases can cost €50. My mother is anaemic. Medicines have changed over time. She takes a lot of medicines and spends a lot of money because the healthcare system does not provide those medicines. She spends almost half of her salary on medicines. They [the healthcare system] should enhance the medicines prescribed and free of charge."

In relation to housing, children who participated in the focus groups live in rented flats. The excessive cost of rent and indirect costs (electricity, other commodities) increase their sense of insecurity, negatively impacting on their wellbeing.

"We all live in rented apartments. We pay €750 per month for a cubbyhole, and most of my mother's salary goes for the rent, water, electricity, condominium fees ... We use little electricity in order to save money."

In addition, eviction laws and practices make their living unstable, having direct consequences on their mental distress, and learning patterns.

"I know a girl who was evicted. Her family was renting an apartment, but they had no money to pay the rent ... A friend of mine had troubles with the town council, and then he was evicted. He had to move to his aunt's house, who was too far from the school, therefore he did not come to school again ... Housing problems affect studying. For example, I have some Roma friends who don't live in a real house, and they struggle to come to school. They don't come."

"I remember some Roma kids in middle school who lived in trailers, and they did badly at school."

In this respect, it is essential for the children that the government intervenes to guarantee the right to housing, notably by reducing indirect costs or subsidising poor households, but also through fair rent schemes (e.g. independent evaluation of a house's value by municipalities to set a cap for rent) or ensuring access to credit for house ownership for vulnerable groups.

In addition, eviction laws and practices should be accompanied by temporary housing schemes to reduce families' distress, but which also seek to rehouse a family in the same area to facilitate continuity of schooling, healthcare and social networks without excessive travelling.

"I would lower the fees for electricity and water because they are too high ... and give credit to the unemployed so that they can rent or buy a house ... Housing is a right."

"I would build more housing projects in order to avoid long lists. I would give a home to everybody. And also to Roma people, because there is a lot of racism and

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<sup>18</sup>The issue of private tuition only emerged in Italy. Children participating the focus groups in Romania and in Sweden outline that the school (or the residential institution) offers learning support out of school hours.

discrimination against them, about the rent. Now private citizens decide the monthly rent, but the government should establish the rent based on the value of the house.”

“If you go to the mechanic because your car is broken, they give you a replacement car while they fix yours. When they evict you, they should give you an alternative, even a temporary one.”

### 3.2.3. Children residing in an institution

Most of the children attending the focus group residing in an institution are enrolled in mainstream education. Some of them are enrolled in special schools for children with learning difficulties or other special needs, although none has any apparent special education needs. These schools have lower quality and learning requirements and thus they undermine opportunities for children to make the transition to upper secondary and tertiary education (there are few special vocation schools or high schools at national level). Only one of the consulted children mentioned aspirations for a tertiary education (although, in Romania, tertiary education is free), while the vocational path seems to be favoured by most of them.

“I want to become a cook.”

“I did a hairdressing class and I want to do hairdressing, and also to dance.”

“I want to become a dance teacher.”

“I want to paint.”

Many positive aspects emerged about their life in the institution and the leisure opportunities offered (summer camps, events on special occasions, extracurricular activities and hobbies facilitated by volunteers). It is essential to underline that the centre in which the children participating in the focus group are hosted has a higher standard of service compared to other centres in Romania. Nevertheless, some concerns were raised, especially during the informal discussions. For instance, the staff seem not to be well trained in inclusive practices, as some child-unfriendly practices are in use, such as surveillance cameras.

“We would like to remove the surveillance cameras ... no more...”<sup>19</sup>

### 3.2.4. Children with a migrant background (including refugee children)

The major concern for children with a migrant background is their condition of having their residence permit under scrutiny. This condition raises barriers, in particular, to accessing healthcare (in adulthood) and quality housing, increasing their feeling of being excluded, having their rights somewhat diminished, and negatively affecting their wellbeing.

As a result, child asylum seekers are particularly concerned about the limitation in access to only emergency healthcare and dental care for adults.

“It [the healthcare system] should assist someone even if he does not have a resident permit. For instance, if he needs surgery.”

“A few months ago a guy got hurt. He had an illness, and he did not get help because he did not have a residence permit. And the day after he died, he got a residence permit and then he was sent back to the country where he came from.”

Children also expressed negative opinions with reference to their accommodation. Children with a migrant background who participated in the focus group discussion live in families

<sup>19</sup>A number of issues revealed by the FSCG analysis did not clearly emerge during the informal discussion, notably regular assessments made by authorities (or not), whether children's views are taken into account to influence external decisions on their own life, and the separation of siblings. For the latter, Romania has a very stringent law forbidding separation. As a result, no issues emerged. About the relationships with institutions, children generally outline a feeling of their voice not being taken into consideration, but no reference was made to other institutions apart from school and the residence.



which co-share spaces with other households, very often single men. Crowdedness negatively affects their wellbeing, notably for girls, who feel uncomfortable due to the lack of intimacy.

"You cannot hang out with your friends. They cannot come to RestadGård, because we only have one room ... if it [home] was like a real apartment, then your friends could come and like say hi and such."

"[There is a] shower room, but it's mixed. Sometimes there were bad people taking photos ... I feel uncomfortable to go to the youth house. [There are a lot of men] and girls and women can't go in there."

The school, instead, is perceived in positive terms, as a means of integration. For instance, children expressed the intention of pursuing study. This view is also influenced by the Swedish welfare system, which ensures free education up to tertiary level.

"I thought like this, I want to continue school until I'm something like 24 or 25. And after that I can start working."

In addition, children with a migrant background consider the school, and in particular teachers, as positive actors against discrimination, a matter which emerged prominently during discussions. This happened both in Sweden and Italy. It has to be underlined that a large proportion of participants in the focus group conducted in Italy coming from precarious families also have a migrant background.

"I don't feel accepted. It's a critical matter ... My teachers support me, and this makes me feel better. Some kids [who are discriminated against] manage to deal with it anyway. Some others don't know how to deal with it. Some kids live it well, some others have a very bad experience."

"If someone does something to you or calls you something [racist comment], they [teachers] call home or do something good [to tackle discrimination]."

### 3.3. The European Union/policymakers

During the focus groups' discussion, children were also questioned about their views on the European Union and its role in protecting children and promoting inclusion. The opinion of children across the Target Groups is generally positive. Children see the EU somewhat as a last resort to remove barriers that have arisen in their respective countries/contexts, preventing their full inclusion in the society. As an example, child asylum seekers want EU support for their application for permanent residence:

Child with a migrant background: "They should do everything children need. First of all, never separate children from parents. [In some cases] children are five years or less. And that is not good. Everyone should get asylum."

Children living in precarious family situations and children with disabilities would like to see the EU investing in the rights to education and health, and quality of life for all children.

Children with disabilities: Europe should be concerned about the rights of certain groups of people, including children and young people with disabilities, especially with regard to their chances to enjoy a good education, their access to healthy food, their access to health care and the quality of their lives.

Child living in a precarious family situation: "Europe should fund education and healthcare. The EU should give money to Italy and demand that money be spent on education and healthcare."

However, children also underline that the role and functions of the EU are in many cases unclear to them, especially in countries such as Italy or Romania, where European institutions are barely included in the learning programme at school.

Child living in a precarious family situation: "We don't understand what Europe [the EU] does. Teachers do not explain it to us."

As a result, children would like to have the possibility to acquire deeper understanding about EU functioning, and for the EU (and policymakers in general) to better comprehend their needs, in a process of mutual understanding. The experience of the focus groups' discussions was highly appreciated and considered extremely useful for this purpose.

Child living in a precarious family situation: "It would be great to have more experiences like the one we did today. They [policymakers, referring to the EU but also own country] should ask us what we think about the school or else what are our needs. That would help us and would help them to understand us."

Child with a migrant background: "They [EU and national policymakers] should listen to children."

Child with disabilities: A child launches a very clear call: he asks the others to meet regularly to form a group, 'Young people for Inclusion', to raise their voices about inclusion to adults (teachers, parents, policymakers).

Children consider it important to increase occasions to enhance mutual understanding among European citizens. For example, though study tours are rare, cultural exchanges should be better promoted.

Child living in a precarious family situation: "We wish to know Europe more, and have more contact with European kids. We wish to do internships abroad with our peers, to know different cultures, to engage in student exchanges ... We should also go abroad in Europe in order to learn foreign languages."

## 4. Conclusions

### 4.1. Limitations of the study

The research framework generates outcomes that are by their nature country-specific. Yet, specificities have been carefully considered during the analysis of discussion themes and accurately reported.

Moreover, although literature outlines that three to six focus groups are sufficient to capture most prevalent themes (between 80 and 90%) within a given dataset,<sup>20</sup> the limited number of focus groups' discussions in this study nevertheless reduces the possibility of having a highly stratified ensemble of participants, narrowing the analysis to that part of the sub-group identified in the definition of the target group. Nevertheless, attempts have been made to extend the discussion and reflection of children participating in the focus groups towards children belonging to other conditions of disadvantage (e.g. Roma children).

Finally, limited questions were formulated on ECEC due to the difficulty adolescents have discussing their remote past. The children were nevertheless able to express their views on ECEC and provide significant arguments for the analysis.

### 4.2. Discussion

#### 4.2.1. Validity of the Children's Voices study

The primary objective of the consultation with children is to conduct a reality check of the experts' analysis carried out within the framework of the FSCG, to confirm the findings, identifying any gaps or emerging issues not easily identifiable through quantitative research methods. It also aims at advising how child participation can integrate the development and delivery of a future Child Guarantee initiative.

Accordingly, children have generally confirmed the findings of FSCG experts' analyses in the areas/themes which are familiar to them or that they have knowledge of. As an example, children were particularly talkative (and accurate) about education (school), which is the milieu where they spend most of their time, and where their capabilities in learning, socio-emotional and physical/mental development are either strengthened or undermined. It is also the place that they know best, along with their home. The findings of the focus groups' discussions align with those determined by the quantitative analyses, but they also reveal and enrich some themes which were less explored in the latter, such as the quality and inclusiveness (and its meaning) of the school environment.

Conversely, discussions about nutrition and health were limited and, on ECEC, almost non-existent. Children seem not to perceive health or nutrition as major issues. This is also determined by the feeling of having little expertise on these subjects, apart from children with disabilities, for whom health is a prominent concern. They nevertheless brought to attention the matter of mental distress and the lack of responsiveness of the healthcare system in this respect. With reference to ECEC, it is hard for children to remember experiences which happened in the past, and particularly in their early years. However, the few themes discussed outline similarities with the experts' analysis (e.g. the importance of childcare for both the families and the child, and the need to work on the inclusiveness of pedagogical approaches).

The findings of the focus groups, while strengthening and enriching the results of the analysis, also highlight children's capacity to assess human conditions with rigor, and therefore the possibility of mainstream participation in the process of designing, operationalising and monitoring the Child Guarantee initiative. The focus groups' discussions were warmly received by children. They felt that their voice was heard, which is unusual, especially for those living in severely disadvantaged conditions.

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<sup>20</sup> Guest, G., Namey, E., & McKenna, K. (2016). How many focus groups are enough? Building an evidence base for nonprobability sample sizes. *Field Methods*, 29(1), 1-20.

Yet participatory approaches must be reinforced and structured. In this respect, it is essential to construct a programme and pattern of participation, permitting children to acquire knowledge about EU rules and operations, as well as the role of national public institutions, along with simplified theoretical tools with which to observe and evaluate social problems and policy responses. This will also help somewhat to reduce the distance between European policymaking and the actual beneficiaries and strengthen the sentiment of belonging to the European community.

#### 4.2.2. Findings: common themes across Target Groups

Examining in more detail the findings of the focus groups, a significant number of common themes across the groups emerged during the discussions. Considering the specificities of the context and conditions of the children, the emergence of common themes represents a finding per se; it suggests that, in the conceptualisation of the Child Guarantee and the operational framework, policymakers should take into account common traits of disadvantage across Target Groups and possible common responses.

First of all, children have a natural inclination for the universality of services. For them, good education and early care, health, food and housing are rights. For the children participating in the focus groups, free and public services represent the best way to guarantee their rights and remove obstacles to accessibility.

Universality should be accompanied by additional support in the form of, for instance, subsidies for transportation and learning materials, housing costs (e.g. electricity and water), rent or special assistance at school/home, targeting children in need. Children also expressed positive views about government interventions in the market, notably to reduce the cost of healthy food and improve its availability in marginalised areas.

Access is the key element in tackling children's disadvantage and exclusion. However, access is not sufficient for this purpose if not complemented by quality of services. The target group children refer to quality, to inclusion, or inclusive practices and environments for all key social rights under scrutiny. Inclusion is perceived by children as the capacity of services to respond to the specific needs of every child.

In this respect, children suggests that the school system, for instance, should abandon heavy subject-based learning and adopt more innovative and inclusive socio-pedagogical approaches and project-based learning, enabling teachers to address children's needs and promote their full capabilities, as well as better integrating ICT, increasing participation (including of parents),<sup>21</sup> and better tackling issues such as discrimination and bullying.<sup>22</sup> The importance of strengthening inclusive pedagogical practices was also mentioned by children when talking about ECEC, appreciated specifically because of the learning programme based on playing and project work, and in health, with reference to the adaptability of doctors to respond to children's medical needs which are related to more mental distress than physical.

In addition, children outline that the quality of environments is a key factor to strengthen inclusion of the most marginalised children and support their wellbeing. In school, quality pertains to the adequacy of physical infrastructures and learning materials, along with the presence of feeding programmes, support programmes for children in need, and opportunities to undertake extracurricular activities. Quality of homes refers in particular to adequate space for learning and socialising, but also having privacy.

<sup>21</sup> Qualitative researches conducted in a number of European countries have underlined similar patterns of inclusion/exclusion with specific reference to education: a study promoted by the Office of the Ombudsman for Children of Croatia in 2017–18, a project involving a total 70 children and 41 adults from primary and secondary schools investigating the participation of children in school activities; in Belgium in 2012, the project promoted by UNICEF Belgium 'What do you think?' involving more than 300 children across the country; and, in 2016, a study conducted by Save the Children, *Ending educational and child poverty in Europe: A child rights-based approach*, with the participation of 300 children from diverse socioeconomic backgrounds in Germany, Iceland, Italy, the Netherlands, Norway, Romania, Spain and Sweden.

<sup>22</sup> Further children's voices about bullying across European countries can be found in the 2015 ENOC Project *Let's talk young, let's talk about violence!* Available from [http://enoc.eu/?page\\_id=479](http://enoc.eu/?page_id=479)

### 4.2.3. Findings: specific themes for Target Groups

Although most of the findings emerging during the four focus groups are common across the Target Groups, some specific themes, tailored to each target group's condition, were discussed.

- *Children with disabilities* conceive inclusion as children's ability to live an autonomous life by being independent but also receiving the necessary support to overcome obstacles, notably in education, work and housing.<sup>23</sup> At school, for instance, independence and support are ensured by providing adequate teaching assistance and implementing inclusive pedagogical practices enabling children with disabilities to integrate mainstream education, enhancing relational access with teachers and peers (which is very often complicated), and therefore favouring study completion. Educational programmes in schools should also include internships/work placements to facilitate the transition from school to work life. Likewise, housing solutions must consider children's need to live independently while also guaranteeing the necessary personal support.<sup>24</sup>
- *Children living in precarious family situations* outline financial constraints as the main source of exclusion.<sup>25</sup> Targeting additional financial support within universal public provision represents a key feature to ensure the inclusion of children from economically deprived households in countries where, for instance, free and public education is widespread, but barriers might appear when children face indirect costs without adequate public support, in the form of scholarships, for instance. Measures to support economically deprived children might refer to expanding the coverage of prescribed drugs; shrinking rental prices, transportation and learning material costs; promoting access to credit for house ownership for poor households; or providing alternative temporary accommodation for evicted families.
- *Children residing in an institution* highlighted two major barriers to their inclusion. First was the practice of enrolling them in special schools, common in Romania and other countries, even if they do not have evident learning or physical disabilities. These schools adopt a medical approach to disability, showing a lack of specialists, a low number of therapists and a lack of continuous education of staff. They are characterised by lower quality overall and lower learning requirements, increasing barriers to the integration of children in regular curricula. This practice increases educational segregation and narrows children's trajectories to vocational training. Inclusive practices might facilitate the mainstreaming of children in any condition into regular education, strengthening their feeling of being accepted and capable, and enhancing their life aspirations and goals. Inclusive practices should also be adopted by staff in residential institutions, promoting, in particular, dialogue between institutions and children and the participation of children in decisions concerning their lives, notably with reference to the transition from residential care to an autonomous life.<sup>26</sup>

<sup>23</sup> Findings align with similar experiences of children in other countries, in particular recent focus group discussions conducted in England, with 34 children with disabilities. In this case, the theme of independence and support was also connected to possible limitations in financial support provided by the Government. Office of the Children's Commissioner (2014). *'They still need to listen more': A report about disabled children and young people's rights in England*. London: Office of the Children's Commissioner.

<sup>24</sup> The issue of financial support did not clearly emerge as a prominent theme during the discussion with children with disability in Belgium. This is probably due to the fact that all children participating in the focus group came from medium-high socioeconomic households.

<sup>25</sup> See also Save the Children (2016). *Ending educational and child poverty in Europe* and Save the Children Finland (2019). *Children Voices 2019*. Save the Children Publication. For other subgroups not involved in the discussion—for example, children with parents in prison—proceedings of the Children of Prisoners Europe Youth Forum 2019 include children's voices.

<sup>26</sup> Findings complement similar research carried out across the European Union involving children in institutional care. Notably, a recent scoping research led by SOS Villages International in ten European countries with the participation of 105 children residing in institutions argued for more individualism, meaning tailored assistance by the staff accompanying the child within and outside the institution, and flexibility in planning of stay and

- *Children with a migrant background (including refugee children)* outline as a priority their integration in the host country. Inclusion, in the form of integration, primarily refers to the acquisition of a residence permit (for asylum seekers) and, in the long run, citizenship (for children with foreign-born parents). Residence or citizenship brings full rights (e.g. in receiving healthcare).<sup>27</sup> In addition to normative barriers, inclusion is also ensured by pedagogical practices in schools, notably tackling discrimination, as well as the development of housing programmes (e.g. residence for asylum seekers) which will focus on children's wellbeing, by avoiding crowdedness and ensuring adequate space and settings for learning and socialising.

### 4.3. Recommendations

According to the findings of the focus groups' discussions, the children suggested a number of actions/programmes that could potentially be supported by the Child Guarantee in order to ensure access as well as quality standards and functioning of the five key social rights for children in the Target Groups. These recommendations are a combination of what the children specifically recommended and the interpretation/understanding of the facilitators/organisers of the workshops of the implications of the children's views for policy. They are a valid reflection on the implications of the children's views for policy, which have been developed to help to inform the FSCG's recommendations.

#### 4.3.1. Education

- Ensure free and public education by expanding the availability of schools (at all levels and of diverse types, not only vocational) in disadvantaged areas/for disadvantaged children.
- Additional support should be given to children most in need: for instance, alleviate indirect costs, in particular transportation, meals, learning equipment (books, other materials) for children in economic deprivation; ensure teaching assistance and support for children with disabilities; avoid the enrolment of children in particular conditions (e.g. children residing in an institution, and children with disabilities) into special schools; and provide language support for children with a migrant background.
- Ameliorate/increase space and its safety and accessibility for children with disabilities: provide playgrounds, gardens, equipped libraries and ICT, and ensure the availability of extracurricular activities.
- Adopt inclusive pedagogical practices to ensure relational access of the most disadvantaged children to teachers and other children, stimulating the participation of children and better tackling issues such as discrimination and bullying.

#### 4.3.2. Early childhood education and care

- Increase access to public services for children with parents at severe economic disadvantage (e.g. not employed).
- Ensure that ECEC promotes the socio-emotional development of children in particular.

#### 4.3.3. Nutrition

- Reduce the cost of healthy food and increase its availability in deprived areas.

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leaving institutions, to make children feel capable and that their aspirations and needs are taken into consideration. Assistance can also take the shape of continuous financial support to fulfil educational choices and employment opportunities. SOS Villages International. (2017). *Preparing for leaving care. Scoping findings*. SOS Villages International.(2018). *Leaving care: An integrated approach to capacity building of professionals and young people. Scoping findings*. SOS Villages International Publication.

<sup>27</sup> Concern about restrictions to access to medical services also emerged from the analysis of children's voices collected through the UNICEF U-Report on the Move in 2017, a digital platform that enabled around 2,600 adolescents with a migrant background in Italy to communicate freely about their living conditions and issues of interest.

- Provide school meals free of good quality (also adapted to children's needs and habits).
- Integrate food into the inclusive pedagogy (including cooking sessions), including parents.

#### **4.3.4. Health**

- Increase public and free healthcare (also for asylum seekers).
- Improve the responsiveness of healthcare to children in mental distress.
- Reduce the cost of drugs by expanding coverage of those under prescription/insurance.

#### **4.3.5. Housing**

- Increase housing safety and stability, and reduce financial burdens on families, by expanding public housing schemes, as well as providing financial support for rent and indirect costs (e.g. electricity and water) or controlling rental prices by setting caps against independent evaluations of house values by municipalities.
- Improve access to credit for house ownership for disadvantaged families.
- Set up schemes to provide temporary accommodation for children (families) evicted from their homes.
- Improve the quality of housing. Quality is set by the perception of the house as a pleasant and safe environment, which responds to children's different needs (e.g. intimacy in particular for girls or children in institutions, green spaces, leisure opportunities and safety).
- Promote programmes to improve the autonomy of people in houses by supporting living schemes for individuals with disabilities, including by providing personal assistants.
- Improve the quality of neighbourhoods by reducing crime and violence, augmenting green areas (parks, gardens) and cleanliness, as well as spaces for leisure, sport and cultural activities, and socialisation.
- Increase the participation of children in special needs and conditions (notably children residing in an institution) in decision-making concerning housing.

## Appendix. Examples of questions

### **Education**

- Do you like your school? What do you like about your school? What you do not like?
- Do you think your school is different from schools in other areas of your city? In what way does it differ? (Important here maybe to give an example, naming another area of the city).
- How many children from your neighbourhood are in your classroom? How many from other areas? (Request further explanation about possible segregation... Why do they not come to your school? Why do you not go to schools in other areas? What are the reasons? Would you like to be with children from other areas (or conditions, in case of children with disabilities or institutions going to special schools)?
- How do you feel in your school? Do you feel accepted? Why?/Explain.
- What are the teachers like? Do you like the teachers? Why? If not covered, ask targeted questions: How do the teachers teach? How do they interact with you? What do they teach? Would you like to learn something else?
- How big are the classes (number of children and number of teachers)? Do you think are big enough? Why? Do you like the buildings, the playground? Why?
- Do you receive food at school? Do you like it? Why?
- How far is your school from the place you live? By what transport do you go to school?
- How can technology help you in learning? Do you use technology in school, with teachers?
- Are your parents involved in school activities? (Specify—for example, going to see teachers, participating in school activities like shows, extracurricular activities). Why?
- Does the school ask your opinion about learning? (Specify—for example, about the school, the teaching, whether there are things to improve). Is it important that a school asks children's opinion?
- Do you have private tuition? Why?
- Do you think about continuing school? Why? What type of school? (Mention vocational, etc., adapted to country's context). Why?

What should be done to 'build' the perfect school? (Summarise arguments that have emerged.)

### **Early Childhood Education and Care**

- Talking about education, do you remember when you were a little child, in preschool? What did you like about it? Did you go to childcare (before age 3)? Do you remember where you were, with whom? Why did you go to childcare (or not) in your opinion?
- Do you have little sisters or brothers or relatives who went/go to childcare? Why do/did they go, or why not? Did they like it? Why?

### **Nutrition**

- Now we talk about food!
- What is your favourite food?
- Do you like vegetables? Why?
- Do you like fruits? Why?



- Do you regularly eat vegetables and fruit? If not, why not? Where and with whom?
- Do you like meat? Why? How often you eat meat at home? (In case not, why? To understand whether there is a financial reason, outline that study illustrates that for many children and families, fish and meat are not affordable. Ask their opinion.)
- What do you think about school meals (if you have them)? (Try to ascertain the quality of the food, cold, hot, balanced diet, environment where children eat, ambience... If teachers/school conduct educational and pedagogical activities during feeding, such as explaining the food, quality, importance, through games.)
- Do you think food is adapted to your or other children's needs (e.g. allergies, religious observations, or, for disability, modality of provision, assistance)? Why?
- Why do you not have food in school (if you do not have it)? Or, do you know that many children do not access food? Do you know why? Try to ascertain reasons, e.g. financial, rules/segregation, etc.
- Do you think that the food you (and your family) buy in your area is good and healthy? Why?

What should be done to get you adequate, good, healthy food? (Summarise arguments that have emerged.)

### **Health**

- What does it mean for you to be healthy?
- Do you very often feel healthy? How often do you get sick? What type of illness?
- Do you regularly visit doctors? For what reasons? (Try to ascertain whether financial, absence of services in the surrounding area.)
- Do you like your doctor? What you do (not) like?
- How far away is your doctor/hospital/health centre? If you get sick and you need a doctor or hospital, would they be easy to reach? What problems might you have in reaching them?
- Do you think that in some other areas of your city, hospital/care centres are more accessible? And are the doctors better? Why?
- Do you or your parents take medicine when sick or to prevent illness? If not, why not?
- Do your parents or school explain basic healthy behaviours? (Specify nutrition, hygiene, healthy food, avoiding tobacco, alcohol...) Why?

What should be done to get you adequate healthcare? (Summarise arguments that have emerged.)

### **Housing<sup>28</sup>**

- What do you like about the area/zone where your house is located? And what not? Do you think it is different from other areas? (Specify another zone of the city, more affluent.)
- What do you like about your home? And what not? (Ask for details—for instance, furniture in the house, gardens, number of rooms, kitchen, bathroom)
- Do you feel safe in your house? Why? (Specify the meaning of being safe, such as buildings are solid, etc.)
- Is there enough space for you to study? Why?

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<sup>28</sup> Differentiated and adapted for the focus group conducted with children living in institutions.

- And playing, having leisure? Why? (Also ask whether there is space to work with friends or have them round as guests.)
- How many books do you have in your house? Do you have internet and other facilities? Why/why not? (Try to disentangle whether this is determined by finances, lack of interest from the family, space/type of house, etc.)
- Do you think your house is similar to those of other children in other areas of the city? (Mention other areas, more affluent.) In what way do they differ? Why? (Try to understand whether there is a financial reason, or the authorities give more attention to the 'centre', etc.).
- Do you know if some children in your area have been evicted, or are struggling to keep a house (e.g. moving houses very often), or live in irregular accommodation? Why do you think this is?

What would you like to improve in your house? (Summarise answers that have emerged.)

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